



Hospital Funding Guideline  
REQUEST FOR PROPOSAL

GRANT PROPOSAL GUIDELINES

North Carolina Hospital Bioterrorism  
Preparedness Grant

FFY 2003 - 2004



**North Carolina Hospital Bioterrorism Preparedness Grant  
REQUEST FOR PROPOSAL  
FFY 2003-2004**

**HOSPITAL FUNDING GUIDELINE  
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# **North Carolina Hospital Bioterrorism Preparedness Grant REQUEST FOR PROPOSAL GRANT GUIDELINE Federal Fiscal Year (FFY) 2003-2004**

## **Background Information**

During FFY 2002-2003 the N.C. Office of Emergency Medical Services (OEMS), at the direction of the Federal HRSA Bioterrorism Program, conducted a Statewide Hospital Needs Assessment. This Needs Assessment is intended to guide the hospital disaster preparedness by providing direction for funding necessary equipment and related disaster education. These guidelines are presented to assist the development of the FFY 2003-2004 Hospital Funding Proposal. The document also provides sample proposal formats, templates, and an associated “check sheet” to further aid the hospital with the completion of all requirements for this grant cycle.

## **Overview**

Each priority area of the FFY 2003 HRSA Grant initiative has been listed by order of statistical significance as obtained from the 2003 North Carolina Hospital Needs Assessment data compiled after input from each of the hospitals. Critical Benchmarks directly relating to the identified needs of the hospitals are provided in each section of the FFY 2003-2004 Grant Guidelines. These priority areas must be addressed per HRSA FFY 2003 guidelines. **Example: Decontamination must be addressed before the facility can expend funds on Mental Health initiatives, although the facility must provide a brief description on how that priority area is being met.** Documentation provided to the North Carolina Office of Emergency Services in each priority area will aid in the preparation of the annual Federal Report due to HRSA March 2004.

## **Operational Definitions**

**Hospital Group A:** Hospitals located within a county with a population of less than 100,000.

**Hospital Group B:** Hospitals located within a county with a population of more than 100,000.

*See Appendix A "HOSPITAL OPERATIONAL POPULATION COUNTIES"*

**Regional Advisory Committees (RACS)** Aggregates grouped under each of the seven trauma hospitals.

*See Appendix B RAC Map*

## Application Deadline

All applications are due in the North Carolina Office of Emergency Medical Services by **November 14, 2003**. Earlier applications will be accepted and appreciated. Please submit two copies.

Mail proposal to: Regina Godette Crawford, State Bioterrorism Coordinator  
Office of Emergency Medical Services  
2707 Mail Service Center  
Raleigh, NC 27699-2707

## Award Process

The NCOEMS anticipates award decisions to be made in a three-week time frame. The signed Certification and Acceptance shall be submitted with the grant proposal. Two original signature copies of the signed Certification and Acceptance shall be submitted. After the proposal is reviewed and signed by the NCOEMS the facility will receive a notice of award. Projects CANNOT be started until the grant proposal is fully executed. Grant proposals not approved will be returned with suggested modifications. The applicant will be asked to resubmit a revised application to the NCOEMS.

## Required Information

The NCOEMS Grant Review Committee will review all applications using the “Check Sheet” provided. Use of the “Check Sheet” by applicants is encouraged to speed the application process and make it easier for the applicant. Use the codes provided in each section to streamline this process. Questions may be directed to the Bioterrorism Specialist respectively assigned in each region. The final submission to the NCOEMS shall include six (6) main items:

- (1) Hospital Proposal Format with Certification and (2) Acceptance Agreement (**2 original signed copies**) – Template 1
- (3) Hospital Implementation Schedule- Template 2
- (4) Composite Budget Sheet - Template 3
- (5) Detailed Budget Narrative - Template 4
- (6) Hospital Monthly Draw Down Form – Template 5

## Contract Documents

The grant contract shall consist of the following documents, incorporated herein by reference:

- (1) OEMS’s Request For Grant Proposal;
- (2) The Grantee’s Grant Application; and
- (3) Any amendments signed by OEMS’s and Grantee’s authorized agents.

In the event of a conflict among the terms of these documents, the terms of OEMS's Request for Grant Applications shall control over the terms of the Grantee's Grant Application and the terms of any amendment shall control over the terms of OEMS's Request for Grant Applications and Grantee's Grant Application.

The grant contract cannot be amended orally or by performance. All amendments shall be made in written form and executed by OEMS's and Grantee's authorized agents.

The documents listed above represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

The grant contract shall be effective on the date upon which the Grantee's grant application is signed by OEMS's authorized agent.

## **Duration of Grants/Reporting Periods**

**All grant agreements will expire on August 31, 2004.**

During the term of the contract, grantees shall submit quarterly progress reports. Invoice submissions for payment by the OEMS may not be submitted more frequently than 30-day intervals. The Grantee shall submit a final narrative, a financial report and final invoices to the North Carolina Office of Emergency Medical Services on or before September 30, 2004. All expenditures shall be completed on or before August 31, 2004. **Important Note: Funds must be spent by the facility and invoiced to the NCOEMS for reimbursement. A facility SHALL NOT expend funds before its grant proposal is approved by OEMS. OEMS shall not reimburse any facility for any expenses incurred before the facility's grant proposal is approved by OEMS.**

**All progress reports, invoices, narratives, financial reports, and any other reports requested by OEMS, shall be prepared and submitted to OEMS at the times and in the formats specified by OEMS.**

## **Budget**

1. Each hospital shall develop a FFY 2003-2004 budget that supports the level of grant related activities of that facility for each priority area.
2. Each hospital shall submit a detailed budget using the assigned budget form. (See Template 3 Composite Budget Sheet)
3. Each hospital shall provide details relative to how each item of the budgeted cost items was calculated. (See Template 4 Detailed Budget Narrative)
4. A budget approved by OEMS may be amended only with the prior written approval of OEMS. Similarly, funds may not be moved between budget lines without the prior written approval of OEMS.
5. Reimbursement for travel mileage, meals, lodging and other travel expenses shall not exceed the rates published in applicable State rules.

## **Notice of Certain Reporting and Audit Requirements**

Each corporation, organization and institution that receives, uses or expends any state funds shall use or expend the funds only for the purposes for which they were appropriated by the General Assembly or collected by the State. State funds include federal funds that flow through the state. If the Grantee is a governmental entity, such entity is subject to the requirements of OMB Circular A-133 and the N.C. Single Audit Implementation Act of 1996. If the Grantee is a non-governmental entity, such entity is subject to the provisions of G.S. 143-6.1. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of OMB Circular A-133.

The State Auditor has audit oversight of every Grantee who receives, uses or expends State funds. Such a Grantee shall, upon request, furnish to the State Auditor for audit all books, records, and other information necessary for the State Auditor to account fully for the use and expenditure of state funds. The Grantee shall furnish any additional financial or budgetary information requested by the State Auditor.

If the Grantee disburses or transfers any state funds to other organizations, except for the purchase of goods or services, the Grantee shall require such organizations to file with it similar reports and statements as required by G.S. 143-6.1 and the Office of State Auditor's Audit Advisory #2.

OEMS received the grant funds through an HRSA Federal Bioterrorism Preparedness Grant. Grantee's use of these funds may be audited by HRSA or any other authorized federal agency. Grantee may be required to reimburse the State in part or in whole if any audit reveals that funds were not used for the intended purposes.

## **Access to Persons and Records**

Grantee agrees to provide the North Carolina State Auditor, OEMS, the Department of Health and Human Services, and all applicable federal agencies, or their agents, with access to persons and records for the purpose of monitoring, evaluating, or auditing this grant and the Grantee's performance, and for all other purposes required by law, regulation or policy.

## **Record Retention**

The North Carolina Department of Health and Human Services' basic records retention policy requires all records related to this grant to be retained for a minimum of three years following completion or termination of the grant. Policy further requires records to be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this grant has been started before expiration of the three year retention period, the records must be retained until completion of the action and

resolution of all issues which arise from it, or until the end of the regular three year period, whichever is later. Therefore, Grantee shall not destroy, purge or dispose of records related to this grant or the Grantee's performance without the express prior written consent of OEMS.

## **Contact Information**

Questions regarding proposal development and content should be directed to:

**Ann Marie Brown**

Central Regional BT Specialist

[Annmarie.brown@ncmail.net](mailto:Annmarie.brown@ncmail.net)

**Anita Cox**

Western Regional BT Specialist

[Anita.cox@ncmail.net](mailto:Anita.cox@ncmail.net)

**Holli Hoffman**

Eastern Regional BT Specialist

[Holli.hoffman@ncmail.net](mailto:Holli.hoffman@ncmail.net)

FFY 2003-2004 applications and questions regarding the approval process and awards should be directed to;

Regina Godette Crawford

NC State BT Coordinator

[Regina.godette@ncmail.net](mailto:Regina.godette@ncmail.net)

# North Carolina Hospital Bioterrorism Program

## *North Carolina Hospital Bioterrorism Preparedness Initiative 2003 Guidelines for Funding*

### **Section I: Required Items**

The following items must be addressed by each hospital regardless of their level of preparedness.

#### **Critical Benchmark 2-1: Hospital Bed Capacity**

*Establish a system that allows the triage, treatment and disposition of 500 adult and pediatric patients per 1,000,000 population (or no fewer than 500 patients per awardees jurisdiction), with acute illness or trauma requiring hospitalization from a biological, chemical, radiological or explosive terrorist incident (HRSA FY2003).*

| <b>Objectives</b>  | <b>Objective Confirmation</b>  |
|--|--|
| 2-1a Group A/B Hospitals must provide documentation of bioterrorism plan.  | <input type="checkbox"/> BT plan initiated and available for review<br><input type="checkbox"/> No plan initiated at this time: intent to develop included in proposal<br><input type="checkbox"/> No documentation provided   |
| 2-1b Group A/B Hospitals must identify Secondary Triage designation in hospital disaster plan.   | <input type="checkbox"/> Designated area identified in plan and plan available for review<br><input type="checkbox"/> No secondary triage designated: intent to designate included in proposal<br><input type="checkbox"/> No documentation provided<br><input type="checkbox"/> |
| 2-1c Group A/B Hospitals must list specific entities in which Mutual Aid Agreements have been established for the purpose of increasing bed capacity. Examples: LTC, Assisted Living, other hospitals, Military units etc. | <input type="checkbox"/> List included in proposal<br><input type="checkbox"/> No Mutual Aid Agreements in place at this time: intent to cultivate MAA in proposal<br><input type="checkbox"/> No documentation provided   |



### **Critical Benchmark 2-3 Response Plan to increase Surge Capacity .**

*Establish a response system that allows the immediate deployment of 250 or more additional patient care personnel per 1,000,000 population in urban areas, and 125 or more additional patient care personnel per 1,000,000 of population in rural areas, that would meaningfully increase hospital patient care surge capacity*

| Objectives  | Objective Confirmation  |
|---|---|
| 2-3a Group A/B hospitals must include a brief statement of their plans for deployment of extra medical resources. Plans to participate in regional SMAT program must be included in this statement.<br><i>See Appendix C: SMAT Guidelines</i> | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> No statement provided in proposal   |
| 2-3b Group A/B Hospitals should participate in affiliated Regional Advisory Committee (RAC) Disaster Preparedness Sub-Committees (DPC). Please provide a brief list of the committees you are affiliated.                                     | <input type="checkbox"/> List provided in proposal<br><input type="checkbox"/> Not attending RAC DPC: intent to participate in RAC DPC included in proposal<br><input type="checkbox"/> No documentation of affiliation in proposal |

### **Critical Benchmark 2-4 Credentialing of Clinicians**

*Develop a system that allows the credentialing and supervision of clinicians not normally working in facilities responding to a terrorist incident*

| Objectives   | Objective Confirmation  |
|--|---|
| 2-4a Group A/B Hospitals must provide a brief statement of their plan to credential and supervise clinical personnel not normally working in the facility during a disaster. | <input type="checkbox"/> Statement provided on proposal<br><input type="checkbox"/> No plan at this time: intent to develop in proposal<br><input type="checkbox"/> No documentation provided in proposal |

### **Critical Benchmark 3: Mutual Aid**

*Develop a mutual aid plan for upgrading and deploying EMS units in jurisdictions they do not normally cover, in response to a mass casualty incident due to terrorism. This plan must ensure the capability of providing EMS coverage for at least 500 adult and pediatric patients per 1,000,000 populations per day*

|  |  |
|--|--|
| 3a. Group A/B Hospitals must provide a list of EMS systems outside of their immediate area for which there are Mutual Aid Agreements in place. | <input type="checkbox"/> List of Agreements included in proposal<br><input type="checkbox"/> No MAA with outside EMS systems: intent to develop included in proposal<br><input type="checkbox"/> No documentation provided |
|--|--|

### **Critical Benchmark 4-2: Surveillance and Patient Tracking**

*Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.*

| <b>Objectives</b>   | <b>Objective Confirmation</b>  |
|---|--|
| 4-2a. Group A/ B Hospitals must provide a statement of intention their plans to enroll and participate in the North Carolina Hospital Status System currently under development by OEMS. This will include providing information into a web-based application indicating hospital capacity and resource capabilities. | <input type="checkbox"/> Statement included in proposal<br><input type="checkbox"/> Unable to participate: intent to expend funds on IT for this critical benchmark included in proposal<br><input type="checkbox"/> No documentation provided |

### **Critical Benchmark 6: Terrorism Preparedness Exercises**

*As part of a written evaluation strategy of the awardee's program, conduct at least one Bioterrorism disaster exercise in the jurisdiction during FFY 2003 that covers a large-scale epidemic scenario affecting both adults and children.*

|   |   |
|---|---|
| 6a. Group A and B hospitals must provide a brief statement of their plan to participate in at least one Bioterrorism related disaster exercise and provide an after action report during this grant cycle.<br>The facility may "request assistance" from the NCOEMS for drill participation planning. | <input type="checkbox"/> Statement included in proposal<br><input type="checkbox"/> No plans to date: "request assistance" statement included in proposal<br><input type="checkbox"/> No documentation provided |
|---|---|

## Section II : Priority Items for Funding

The following items must be addressed based on the level of preparedness of each hospital. Each hospital has been designated into one of two groups that directly correspond with population of the area in which they serve. These designations have respect to size but are categorized based on each individual hospitals potential to be impacted by an act of terrorism and the need for mass care. Each hospital must evaluate their level of preparedness for each of the items listed in this section according to the group that they are assigned . If the hospital has the capability to function at the level described, the hospital does not have to address that specific issue in this contract and the funding can be used to address the other items in this section. If the hospital cannot perform to the level described for their group for a specific item, the hospital must use a portion of the funds awarded in this contract to address that item and attempt to elevate the hospitals capability to the level described for the item. It is anticipated that the majority of hospitals will not have enough funding to address all of the items in this section. It is up to each hospital to prioritize each of the items in this section and apply funding in the most beneficial manner for the hospital and surrounding community.

### Critical Benchmark 2-2: Isolation Capacity

*Upgrade or maintain airborne infectious disease isolation capacity to have at least one negative pressure, HEPA-filtered isolation facility per awardee, to be placed in accord with the findings of the awardee's needs assessment. Such facilities must be able to support the initial evaluation and treatment of 10 adult and pediatric patients at a time having a clinical contagious syndrome suggestive of smallpox, plague or hemorrhagic fever, prior to movement to a definitive isolation facility.*

| Objectives   | Objective Confirmation  |
|--|---|
| 2-2aHA Group A hospitals must provide a brief statement of their capability to provide isolation for 10 adult or pediatric patients <b>either individually or as a group</b> above and beyond the normal capacity of daily patient volumes. Funds should be used to address this if the capability does not exist. | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> Baseline isolation cannot be met: intent to expend funds included in proposal<br><input type="checkbox"/> No documentation provided |
| 2-2aHB Group B hospitals must provide a brief statement of their capability to provide isolation for 10 adult or pediatric patients individually above and beyond the normal capacity of daily patient volumes. Funds should be used to address this if this capability does not exist.                            | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> Baseline isolation cannot be met: intent to expend funds included in proposal<br><input type="checkbox"/> No documentation provided |

### **Critical Benchmark 2-6 Personal Protective Equipment**

*Ensure adequate personal protective equipment (PPE) to protect 250 or more health care personnel per 1,000,000 population in urban areas, and 125 or more health care personnel per 1,000,000 population in rural areas, during a biological, chemical or radiological incident.*

| <b>Objectives</b>  | <b>Objective Confirmation</b>  |
|--|--|
| 2-6aHA Group A Hospitals must provide a brief statement of their capacity to provide PPE to 125 personnel per 1 million population.  | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> Baseline PPE cannot be met: intent to expend funds on this critical benchmark included in proposal<br><input type="checkbox"/> No documentation provided |
| 2-6aHB. Group B Hospitals must provide a brief statement of their capacity to provide PPE to 250 personnel per 1 million population. | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> Baseline PPE cannot be met: intent to expend funds on this critical benchmark included in proposal<br><input type="checkbox"/> No documentation provided |

### **Critical Benchmark 2-7: Decontamination Systems**

*Ensure that adequate portable or fixed decontamination systems exist for managing 500 adult and pediatric patients and health care workers per 1,000,000 population, who have been exposed to biological, chemical or radiological agents.*

| <b>Objectives</b>  | <b>Objective Confirmation</b>  |
|--|--|
| 2-7aHA. Group A Hospitals will a brief statement of their capability to decontaminate 15 ambulatory and 5 non-ambulatory patients an hour with the assistance of call in staff or assistance. May not include use of Fire Staff. | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> Baseline decontamination cannot be met: intent to expend funds on this critical benchmark included in proposal<br><input type="checkbox"/> No documentation provided |
| 2-7bHA. Group A Hospitals will provide a brief statement describing their capability to provide antidotes for nerve agents for 25 people.  | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> No capacity for antidotes at this time: intent to expend funds on this critical benchmark included in proposal   |
| 2-7aHB Group B Hospitals will provide documentation of capability to decontaminate 50 ambulatory patients and 15 non ambulatory patients an hour 24/7 without assistance of Public agencies.                                     | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> Baseline decontamination cannot be met: intent to expend funds on this critical benchmark included in proposal<br><input type="checkbox"/> No documentation provided |

| <p>2-7bHB. Group B Hospitals will provide documentation of capability to provide antidotes for nerve agents for 50 people.</p>   | <p><input type="checkbox"/> Statement provided in proposal</p> <p><input type="checkbox"/> Baseline decontamination cannot be met: intent to expend funds on this critical benchmark included in proposal</p> <p><input type="checkbox"/> No documentation provided</p> |
|--|---|
| <p align="center"><b>Critical Benchmark 2-10: Communications and IT</b></p> <p align="center"><i>Establish a secure and redundant communications system that ensures connectivity during a terrorist incident between health care facilities and state and local health departments</i></p>  |   |
| Objectives   | Objective Confirmation  |
| <p>2-10aHA Group A Hospitals – Redundant compatible state-wide radio communications is an identified need throughout the state. The OEMS has developed a statewide UHF radio system and has an established purchase contract for UHF radio equipment.</p> <p>Group B Hospitals may purchase equipment from the contract and will receive assistance with installing and implementing UHF radio equipment compatible with this system. Equipment must be in compliance with state contract ITS-001326 Specification 020517 Section UCS4.</p> <p><i>Appendix D: Communication Section UCS4</i></p> | <p><input type="checkbox"/> Statement of intent to purchase communications equipment with State contract</p> <p><input type="checkbox"/> Do not wish to purchase communications equipment</p>   |
| <p>2-10aHB Group B Hospitals – Group B hospitals are being provided UHF communications radio equipment under the initial HRSA grant. They may elect to expand these systems by providing additional control locations such as “incident command control” locations or in other manner expand the state provided standard UHF common system communications.</p> <p><i>Appendix D: Communication Section UCS4</i></p>  | <p><input type="checkbox"/> Statement of intent to purchase communications equipment with State contract</p> <p><input type="checkbox"/> Do not wish to purchase communications equipment</p>   |

### Critical Benchmark 4-1: Hospital Laboratories

*Implement a hospital laboratory program that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services responding to terrorism and other public health emergencies.*

| Objectives  | Objective Confirmation  |
|---|---|
| <p>4-1aHA/5. Group A Hospitals will provide a brief statement of the BT specific specialty training of 2 Lab technicians in agent identification, culture, and processing.<br/> <b><i>BT agent specific training held by the North Carolina State BSL 3 Laboratory. HRSA funds may cover lodging and travel for training held in Raleigh. ( This is a 50/50 split between the HRSA and CDC) funding streams). Also covers Critical Benchmark 5 Education.</i></b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement of specialty education available for review</li> <li><input type="checkbox"/> No education of this type at this time: intent to train lab technicians with funds included in proposal</li> <li><input type="checkbox"/> No documentation provided.</li> </ul> |
| <p>4-1aHB group B Hospitals will provide documentation of BT specialty training of 6 lab technicians in agent identification, culture, and processing.<br/> <b><i>BT agent specific training held by the North Carolina State BSL 3 Laboratory. HRSA funds may cover lodging and travel for training held in Raleigh. ( This is a 50/50 split between the HRSA and CDC funding streams) Also covers Critical Benchmark 5 Education.</i></b></p>                       | <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement of specialty education available for review</li> <li><input type="checkbox"/> No education of this type at this time: intent to train lab technicians with funds included in proposal</li> <li><input type="checkbox"/> No documentation provided</li> </ul>  |
| <p>4-1bHB Group B Hospitals will provide a brief statement of their use of one or more Biological Safety Cabinets in their laboratory.</p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Statement of use of Biological Safety Cabinet</li> <li><input type="checkbox"/> No Biological Safety Cabinet at this time: intent of expend funds on Biological Safety Cabinet for laboratory</li> <li><input type="checkbox"/> No documentation provided</li> </ul>    |

## Section III: Optional Items

*This section contains items which may be addressed by the hospital if the minimal requirements for each of the items in Section II have either been met or addressed in some fashion. It is expected that Section III will be minimally addressed this funding year, but more completely addressed in the future. Critical Benchmark 5 (Education) can be addressed with every Critical Benchmark or item.*

### Critical Benchmark 2-5: Pharmaceutical Caches

*Establish local or regional systems whereby pharmacies based in hospitals or otherwise participating in the local or regional health care response plan have surge capacity to provide pertinent pharmaceuticals in response to Bioterrorism or other public health emergencies*

| Objectives  | Objective Confirmation   |
|---|--|
| 2-5a Group A and B hospitals must provide a brief statement of their Pharmaceutical Cache capacity. This describes the location, description, and maintenance of drugs. Funds may be expended on this item if all of the items in Section I and II have been addressed and there are remaining funds. | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> No cache capacity at this time: intent to expend funds on development of Pharmaceutical Cache included in proposal<br><input type="checkbox"/> No documentation provided<br><input type="checkbox"/> No remaining funds for this CBM |

### Critical Benchmark 2-8: Mental Health

*Establish a system that provides for a graded range of acute psychosocial interventions and longer-term mental health services to 5,000 adult and pediatric clients and health care workers per 1,000,000 population exposed to a biological, chemical, radiological or explosive terrorist incident.*

| Objectives  | Objective Confirmation   |
|---|--|
| 2-8a Group A and B hospitals must provide a brief statement of capacity for mental health intervention with respect to any mental health system implemented or maintained. Funds may be expended on this item if all of the items in Section I and II have been addressed and there are remaining funds.<br><i>Community Task Force for Response to Mental Health and Disasters. This plan is available as a model to initiate within healthcare facilities. See Appendix E: Community Task Force for Response to Mental Health Model</i> | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> No capacity for Mental Health intervention at this time: intent to expend funds on development and implementation included in proposal<br><input type="checkbox"/> No documentation provided<br><input type="checkbox"/> No remaining funds for this CBM |

### Critical Benchmark 2-9: Trauma and Burn Care Capacity

*For awardees choosing to fund this section, enhance statewide trauma care capacity to be able to respond to a mass casualty incident due to terrorism. This plan should ensure the capability of providing trauma care to at least 50 severely injured adult and pediatric patients per million of population per day.*

| Objectives  | Objective Confirmation  |
|---|---|
| 2-9a Group A/B Hospitals must provide a brief statement of any Burn care education delivered to Nursing staff.<br><b><i>Travel, lodging, meals, and registration costs for <u>The Initial 24 hour care of the Burn Patient</u>, North Carolina Jaycee Burn Center. 8 Hour Burn Care Module. State per diem must be used for above costs.</i></b>  | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> No burn care education given at this time: intent to expend funds on <u>The Initial 24 hour care of the Burn Patient</u> included in proposal<br><input type="checkbox"/> No documentation provided<br><input type="checkbox"/> No remaining funds for this CBM |
| 2-9bHB Trauma Centers must provide documentation of Advanced Trauma Care for Nurses. This course is allowable and available as an expenditure for two Nurses from each Trauma Center.<br><b><i>Travel, lodging, meals, and registration for <u>Advanced Trauma Care for Nurses</u>, 16 hours course offered through the Society of Nurses. This is only available for two individuals from each Trauma Center. State per diem must be used for above costs.</i></b> | <input type="checkbox"/> Statement provided in proposal<br><input type="checkbox"/> No Advanced Trauma Care for nurses given to date: intent to expend funds on <u>Advanced Trauma Care for Nurses</u> included in proposal<br><input type="checkbox"/> No documentation provided<br><input type="checkbox"/> No remaining funds for this CBM       |

### Critical Benchmark 5: Education

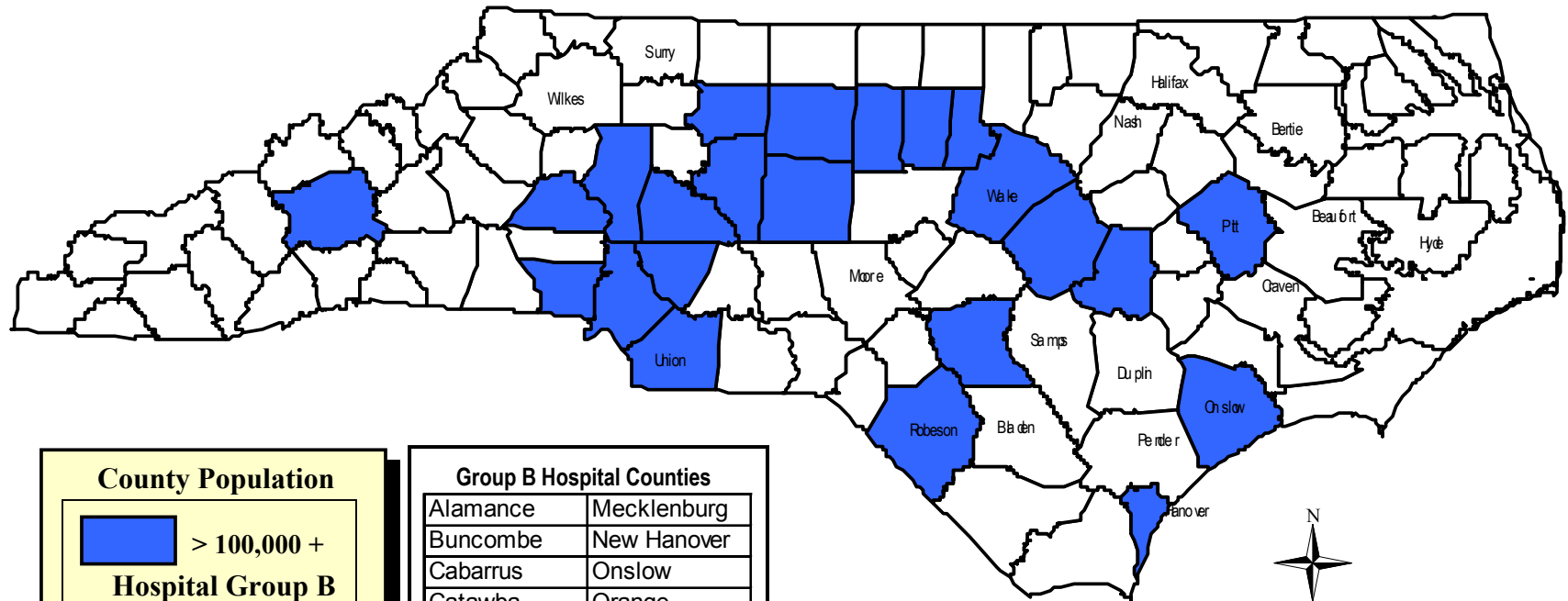
*For awardees choosing to fund this section, develop education and training programs for adult and pediatric hospital, outpatient and pre hospital health care professionals responding to a terrorist incident.*

| Objectives   | Objective Confirmation  |
|--|---|
| 5a: Group A and B hospitals must provide a brief statement communicating specific educational needs not addressed under other Critical Benchmarks. Funds may be expended on this item if all of the items in Section I and II have been addressed and there are remaining funds. | <input type="checkbox"/> Statement of educational needs included in proposal<br><input type="checkbox"/> No specific educational needs at this time<br><input type="checkbox"/> No remaining funds for this CBM |







# Hospital Operational Population Counties



## County Population

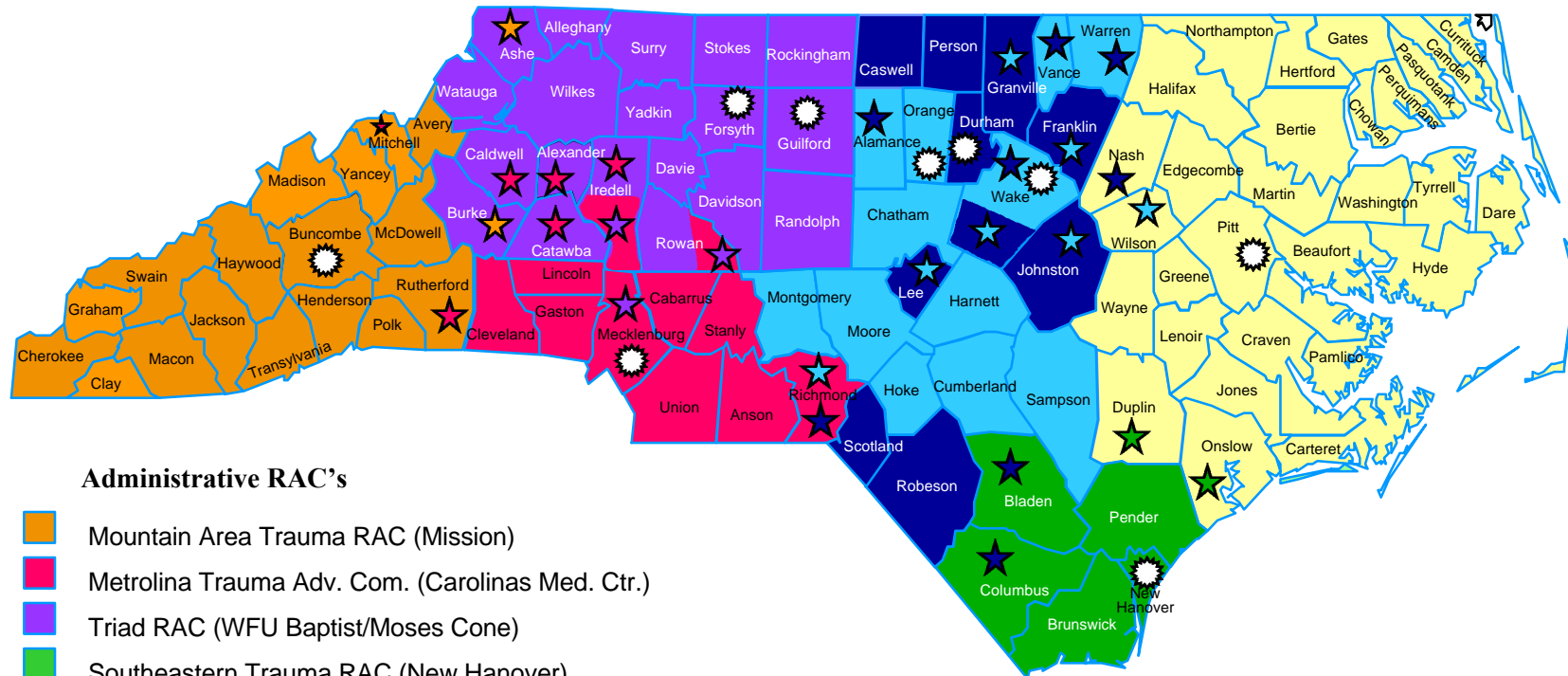
 > 100,000 +  
**Hospital Group B**

 < 100,000  
**Hospital Group A**










## Group B Hospital Counties

|            |             |
|------------|-------------|
| Alamance   | Mecklenburg |
| Buncombe   | New Hanover |
| Cabarrus   | Onslow      |
| Catawba    | Orange      |
| Cumberland | Pitt        |
| Davidson   | Randolph    |
| Durham     | Robeson     |
| Forsyth    | Rowan       |
| Gaston     | Union       |
| Guilford   | Wake        |
| Iredell    | Wayne       |
| Johnston   |             |

## August 2002



## Administrative RAC's

-  Mountain Area Trauma RAC (Mission)
-  Metrolina Trauma Adv. Com. (Carolinas Med. Ctr.)
-  Triad RAC (WFU Baptist/Moses Cone)
-  Southeastern Trauma RAC (New Hanover)
-  Eastern RAC (Pitt)
-  Duke RAC (Duke)
-  MidCarolina Trauma RAC (UNC/WakeMed)
-  Indicates selection of a secondary RAC. The star color matches the RAC as noted in the legend above.
-  Indicates a Level I or II Trauma Center

## *Appendix C*

### State Medical Assistance Team- Type 2 Guidelines

#### State Medical Response System Type II Medical Assistance Teams (Regional Medical Response)

##### Mission Statement

Develop a regional disaster medical response plan and a Type II medical assistance team that could assist within the region or state when activated.

##### Organizational Requirements

1. Form a disaster medical response planning committee with representation from: trauma center, member hospitals, county Emergency Medical Service (EMS), county health departments, Public Health Regional Surveillance Teams (PHRSTs), county medical societies, mental health, Regional Response Teams (RRT's), county Emergency Management (EM), state regional coordinators (EMS, EM, and Veterinarian) and VA/DOD/Indian Health Affairs facilities, if applicable.
  - a. Perform assessment of health assets in region.
  - b. Develop a regional needs and response plan.
  - c. Develop a system to track hospital bed status and coordinate efficient patient placement in event of a public health crisis.
2. Develop a Type II Medical Assistance Team
3. Select a lead regional hospital willing to sign a Memorandum of Understanding with the North Carolina Division of Emergency Management to receive, maintain, and manage the Type II Team equipment pod.
4. Develop a mutual aid agreement with regional member hospitals to assist in time of public health emergencies or natural/man made disasters, to the extent possible.

## Operational Functions

### 1. Type II Medical Assistance Team

#### a. Composition

- i. Hospitals >150 beds; minimum 1 MD, 2 RN's, 1 Pharmacist
- ii. Hospitals <150 beds; minimum 1 RN
- iii. County health department; minimum 1 RN
- iv. County EMS; 1 Advance Life Support(ALS) ambulance and 2 Paramedics / EMT-Intermediates
- v. County EMS/EM; 1-2 Type III teams (when indicated by mission) counties providing the Type III Teams will not be required to provide second ALS unit.
- vi. State Office of Emergency Medical Services (OEMS) regional specialist-1
- vii. State EM regional coordinator -1
- viii. State regional Veterinarian -1

#### b. Mission Capabilities

- i. Assist in hospitals
- ii. Establish alternate care facility (40 beds)
- iii. Establish mass immunization/drug distribution centers

#### c. When activated by State Emergency Operation Center (EOC), the Type II Team should be deployable within 6 hours in region and state-wide within 12-24 hours

#### d. Training

- i. To deploy the above personnel will require each organization providing personnel to recruit and train 3 people for each position supplied
- ii. Initial training 26 hours completed in 12 months (will include Hazmat Awareness, Weapons of Mass Destruction (WMD) Health Care Provider information, basic Incident Command System (ICS) principles, Responder health and safety information and an introduction to the Type II Team equipment pod)
- iii. It is highly recommended that 50% of the hospital providers receive the entire 36 hour Type III Team training course (as defined by the State Hospital Preparedness Committee) to provide patient decontamination at their facility or patient decontamination services as needed when the team is activated. It is recommended that one team member be Hazmat Operational Level on every shift the SMAT 2 team works.
- iv. Team members will receive on-going electronic educational materials to enhance their capabilities
- v. 1 day regional exercises held annually (Table Top and Functional) and bi-annually exercise the hospital bed tracking availability and transfer/transport procedures.

- vi. It is intended to request continuing education credit hours through the appropriate professional organizations for participating team members.
- e. Team Member Requirements
  - i. Hold and maintain North Carolina professional license/certification as applicable.
  - ii. Complete initial training course
  - iii. Participate in on-going distance learning program. It is recommended that team members complete the available 22 hours of Class 1 CME/CEUs. Members will be expected to complete a minimum of 12 hours annually. Online modules will be available for bimonthly completion.
  - iv. Participate in a minimum of 1 functional exercise every 1 year.
  - v. Ability to deploy with team when activated within region in 6 hours, state-wide 12-24 hours
  - vi. Willing to be deployed within region or state for 3 days (maximum) to perform duties assigned to team in time of crisis.
  - vii. Maintain a 3 day personal pack
  - viii. Maintain a personal fitness program on a regular basis
  - ix. Complete a Personal Health Record and receive a Respiratory Health Surveillance Examination every 2 years
  - x. Provide documentation of Hepatitis B, Tetanus Toxoid, Tuberculin Skin Test, and any other OSHA directed preventive measure per OSHA standards. Complete the pre-screening for small pox inoculation. Reference: <http://www.bt.cdc.gov/agent/smallpox/vaccination/pdf/screening-worksheet.pdf>
  - xi. Recommended relative exclusion criteria:
    - 1. Hypertension (BP systolic >150 Diastolic >90 or be on medication maintaining BP within safe range (<150 systolic, <90 diastolic)
    - 2. Seizure activity within the last 5 years
    - 3. Hypoglycemic (low blood sugar) events causing unconsciousness or altered mental status in last 5 years
    - 4. Pulse <60, >120, heart block, arrhythmias (irregular heart rates)
    - 5. Morbid obesity (See appendix B).
    - 6. Shortness of breath climbing 3 flights of steps
    - 7. Claustrophobia
    - 8. Limitation range of motion all 4 extremities including fingers and toes
    - 9. Others determined by Physician

- xii. Able to lift and carry 50lbs a distance of 100 feet
  - xiii. Willing to notify team medical officer of any recently diagnosed serious medical condition while on team and provide when requested to NC Office of EMS Medical Director a physician report of medical conditions diagnosed with
2. Assist regional member hospitals with disaster planning

State Division of Emergency Management and DHHS Office of Emergency Medical Services Duties

1. Select, purchase, package and distribute standardized Type II Team equipment pod.
2. Write and sign Memorandum of Understanding with Regional Advisory Council and regional lead hospital.
3. Support initial and ongoing training for Type II Medical Assistance teams
4. Assist with regional exercises.
5. Activate and deploy the Type II teams out of their jurisdiction at the request of the Emergency Operation Center (EOC) as a part of the statewide Mutual Aid Agreement.
6. Replace equipment used, damaged, etc when activated by state
7. Establish scheduled reporting mechanisms for all Type II teams on an annual basis to report personnel and equipment issues. (training, manpower, equipment readiness)
8. Provide additional equipment support as funds become available and if state of the art research and development standards indicate the need.
9. Plan and activate routine communications tests and tabletop exercises as indicated.

| Category | Item Description  | Number Required | Unit Of Issue (UI) |
|----------|---|-----------------|--------------------|
| DECON    | Bag, Biohazard/Possession Containment                         | 40              | Bx/100             |
| DECON    | Bag, Trash (60 Gallon)  | 2               | Bx/50              |
| DECON    | Bleach, Institutional   | 4               | Gal/Ea             |
| DECON    | Bottles, Spray (quart)  | 4               | Ea                 |
| DECON    | Brush, 18" (wood Handle, decon)                               | 5               | Ea                 |
| DECON    | Bucket, 1 Gal, w/Handle (decon)                               | 5               | Ea                 |
| DECON    | Bucket, 5 Gal, w/Handle (decon)                               | 5               | Ea                 |
| DECON    | Overpack Drum, Contaminated Clothing (trashcans)              | 4               | Ea                 |
| DECON    | PPE Donning/Doffing Platform                                  | 6               | Ea                 |
| DECON    | Decon Manifold System   | 1               | Ea                 |
| DECON    | Hose, Garden (75'x5/8")                                       | 4               | Ea                 |
| DECON    | Knife, Cloth Cutter (Lifesaver) (decon)                       | 8               | Ea                 |
| DECON    | Knife, Cloth Cutter (Lifesaver), Blades (decon)               | 2               | Pkg/5              |
| DECON    | LITTER STRAP (9' Standard Aero-Medical)                       | 20              | Ea                 |
| DECON    | Litter, Decon   | 8               | Ea                 |
| DECON    | Ring Cutter, Manual   | 2               | Ea                 |
| DECON    | Decon Litter Stand  | 8               | Ea                 |
| DECON    | Shower Wand   | 4               | Ea                 |
| DECON    | Speaker, PA (Bullhorn)  | 1               | Ea                 |
| DECON    | Decon Water Heater  | 1               | Ea                 |
| DECON    | Support Box (store decon equipment)                           | 8               | Ea                 |
| DECON    | Tape, Decon   | 3               | Ea                 |
| DECON    | Towel, Disposable (White) (size-decon body wipes)             | 200             | Ea                 |
| DECON    | Traffic Safety Cone (18") (decon zone)                        | 12              | Ea                 |
| DECON    | Wash Cloth, Disposable Face/Hand (decon face wipes)           | 4               | Case/500           |
| DECON    | Washer/Sprayer ( 3 Gal.Garden)                                | 2               | Ea                 |
| DECON    | WMD Tents 9' X 9' with built in Shower Heads, Basin, complete | 1               | Ea                 |
| DETECT   | Manual, Control of Comm. Diseases (Benenson)                  | 1               | Ea                 |
| DETECT   | Manual, Emer. Care for Hazmat Exp. (Bronstein)                | 1               | Ea                 |
| LOG      | COT, ALUMINUM   | 40              | Ea                 |
| LOG      | FIRE EXTINGUISHER (2A:10B:C)                                  | 3               | Ea                 |
| LOG      | HEAD LAMP, (FLASHLITE)  | 10              | Ea                 |
| LOG      | LATRINE FACILITIES (Daily Restroom Kits)                      | 1               | Kit/100            |
| LOG      | LATRINE FACILITIES (Porta-Quick 360 Commodes)                 | 1               | Kit/60             |
| LOG      | LATRINE FACILITIES (PQ-500 Privacy Tents)                     | 1               | Ea                 |
| LOG      | Lights, Halogen Tripod  | 2               | Ea                 |
| LOG      | POWER, CORD (50' 12/3 w/3-Way End)                            | 6               | Ea                 |
| LOG      | POWER, CORD (50' 12/3 W/Quad Box)                             | 8               | Ea                 |
| LOG      | POWER, OUTLET BOX (Surge Type)                                | 6               | Ea                 |
| LOG      | REFRIGERATOR, FIELD Medium                                    | 1               | Ea                 |
| LOG      | SINK, FIELD (Military Type Field Scrub)                       | 2               | Ea                 |
| LOG      | SLEEPING BAG (Cold Weather)                                   | 10              | Ea                 |
| LOG      | Tarp Red,Heavy Duty 12X20                                     | 1               | Ea                 |
| LOG      | Tarp Yellow,Heavy Duty 12X20                                  | 1               | Ea                 |
| LOG      | Vest, Command   | 1               | Ea                 |
| MED      | Adhes., Tape, Surg, Hypoall, Paper Back, 1"x 5.5 Yd           | 1               | Pkg/12             |
| MED      | Adhes., Tape, Surg, Hypoall, Paper Back, 3"x 5.5 Yd           | 4               | Pkg/4              |
| MED      | Adhes., Tape, Surg, Hypoall, Rayon Back, 1"x 10 Yd            | 2               | Pkg/12             |
| MED      | Adhes., Tape, Surg, Hypoall, Rayon Back, 3"x 10 Yd            | 2               | Pkg/4              |
| MED      | Airway, Berman, Adult (100 mm)                                | 1               | Pkg/12             |
| MED      | Airway, Berman, Child (80 mm)                                 | 1               | Pkg/12             |
| MED      | Airway, Berman, Infant (40 mm)                                | 1               | Pkg/10             |
| MED      | Bag, Pressure Infusion, 1000ml (Disposable)                   | 1               | Case/25            |
| MED      | Bag, Specimen, Plastic,9" x 8"                                | 2               | Pkg/500            |
| MED      | Band, Infant Ident, Mother- Infant                            | 1               | Pkg/100            |
| MED      | Band, Patient Ident, Adult                                    | 1               | Pkg/500            |
| MED      | Band, Patient Ident, Pediatric                                | 1               | Pkg/400            |
| MED      | Bandage, Adhesive, Elastic, 1.5" x 2" (Band-Aid)              | 6               | Pkg/24             |
| MED      | Bandage, Adhesive, Ex, Large                                  | 6               | Pkg/50             |
| MED      | Bandage, Elastic Rolled, 2" x 5 Yd                            | 80              | Ea                 |
| MED      | Bandage, Elastic, Rolled, 4" x 4.5 Yd                         | 80              | Ea                 |
| MED      | Bandage, Elastic, Rolled, 6" x 4.5 Yd                         | 80              | Ea                 |

| Category | Item Description   | Number Required | Unit Of Issue (UI) |
|----------|--|-----------------|--------------------|
| MED      | Bandage, Gauze, Elastic, Conforming, Sterile, 2" x 5 Yd          | 96              | Ea                 |
| MED      | Bandage, Gauze, Elastic, Conforming, Sterile, 3" x 5 Yd          | 240             | Ea                 |
| MED      | Bandage, Gauze, Elastic, Conforming, Sterile, 4" x 5 Yd          | 1               | Pkg/24             |
| MED      | Bandage, Gauze, Elastic, Conforming, Sterile, 6" x 5 Yd          | 1               | Pkg/48             |
| MED      | Bandage, Gauze, Tubular, 1.5" x 50 Yd (Head, Arm, Leg, Knee)     | 3               | Ea                 |
| MED      | Bandage, Gauze, Tubular, 2" x 50 Yd, (Head & Shoulders)          | 3               | Ea                 |
| MED      | Bandage, Muslin, Triangular, White, w/2 Safety Pins              | 100             | Ea                 |
| MED      | Basin, Emesis, Kidney Shaped, Disposable                         | 250             | Ea                 |
| MED      | Basin, Wash, Plastic, 4 Quart                                    | 12              | Ea                 |
| MED      | Battery, Alkaline, Size C  | 72              | Ea                 |
| MED      | Bedpan, Disposable, Plastic                                      | 100             | Ea                 |
| MED      | Belt, Sanitary, Elastic, Adjustable                              | 24              | Ea                 |
| MED      | Blankets, Disposable Emergency                                   | 100             | Ea                 |
| MED      | Brush, Scrub, Nylon  | 12              | Ea                 |
| MED      | Brush, Sponge, Surgical, Lodophor                                | 4               | Pkg/30             |
| MED      | Cap, Operating, Surgical, Oval                                   | 2               | Pkg/100            |
| MED      | Catheter, Intravenous (IV) & Needle Unit, 14G x 2.25" (Safe-Tip) | 2               | Pkg/50             |
| MED      | Catheter, Intravenous (IV) & Needle Unit, 16G x 2" (Safe-Tip)    | 4               | Pkg/50             |
| MED      | Catheter, Intravenous (IV) & Needle Unit, 18G x 2" (Safe-Tip)    | 6               | Pkg/50             |
| MED      | Catheter, Intravenous (IV) & Needle Unit, 20G x 2" (Safe-Tip)    | 3               | Pkg/50             |
| MED      | Catheter, Intravenous (IV) & Needle Unit, 21G x 3/4"             | 1               | Pkg/120            |
| MED      | Catheter, Intravenous (IV) & Needle Unit, 22G x 1" (Safe-Tip)    | 1               | Pkg/120            |
| MED      | Catheter, Suction, Endotracheal, 6 French                        | 12              | Ea                 |
| MED      | Catheter, Suction, Endotracheal, 8 French                        | 12              | Ea                 |
| MED      | Catheter, Suction, Endotracheal, 10 French                       | 12              | Ea                 |
| MED      | Catheter, Suction, Endotracheal, 18 French                       | 50              | Ea                 |
| MED      | Catheterization Set, Urethral, Sterile, Disposable               | 6               | Pkg/20             |
| MED      | Cold Packs, Gel Pack, Reusable, For Refrig, Shipping             | 2               | Pkg/12             |
| MED      | Cold Packs, Instant  | 3               | Pkg/24             |
| MED      | Container, Sharps (2 Qt)   | 20              | Ea                 |
| MED      | Crutch, Wood, Adult, w/Cushion & Tip                             | 12              | Pr                 |
| MED      | Crutch, Wood, Child, w/Cushion & Tip                             | 6               | Pr                 |
| MED      | Cup, Medicine, Plastic, 30 ml                                    | 10              | Pkg/100            |
| MED      | Cup, Paper, Cold Drink, 150ml                                    | 10              | Pkg/100            |
| MED      | Cup, Specimen, Paper, 240 ml                                     | 1               | Pkg/50             |
| MED      | Depressor, Tongue, Wood, Sterile                                 | 5               | Pkg/100            |
| MED      | Drape, Examination, Disposable, 40 x 72"                         | 6               | Pkg/50             |
| MED      | Electrode, Monitoring Type (Life-Patch For Life-Pak 10)          | 24              | Pkg/3              |
| MED      | Electrode, Pacing Type (Quick Pace For Life-Pak 10)              | 6               | Pr                 |
| MED      | Envelope, Drug Dispensing, 2.5" x 4.6"                           | 10              | Pkg/100            |
| MED      | Faceshield, Surgical (Disposable)                                | 6               | Box/12             |
| MED      | Gauze, Petrolatum Sterile, 3" x 18"                              | 4               | Pkg/12             |
| MED      | Gauze, Petrolatum, Sterile, 3" x 38"                             | 2               | Pkg/3              |
| MED      | Gloves, Decon, Non-Latex (no powder) Small                       | 3               | Box/100            |
| MED      | Gloves, Decon, Non-Latex (no powder) Med                         | 8               | Box/100            |
| MED      | Gloves, Decon, Non-Latex (no powder) Lrg                         | 8               | Box/100            |
| MED      | Gloves, Decon, Non-Latex (no powder) X-Lrg                       | 5               | Box/100            |
| MED      | Gloves, Decon, Sterile, Latex, Size #6.5                         | 3               | Pkg/50Pr           |
| MED      | Gloves, Decon, Sterile, Latex, Size #7.5                         | 6               | Pkg/50Pr           |
| MED      | Gloves, Decon, Sterile, Latex, Size #8                           | 4               | Pkg/50Pr           |
| MED      | Gown, Isolation, Max Protection, Blue, Disposable                | 3               | Box/50             |
| MED      | Intubation Indicator Kit, CO2 (Disposable)                       | 1               | Box/36             |
| MED      | INTUBATION POUCH   | 1               | Ea                 |
| MED      | Irrigation Kit, Type 1   | 50              | Box                |
| MED      | IV Administration Set, 78", w/clamp, Vented (15 Drop)            | 3               | Box/48             |
| MED      | IV Administration Set, 78", w/clamp, Vented (60 Drop)            | 4               | Box/48             |
| MED      | IV Starter Set   | 200             | Ea                 |
| MED      | LARYNGOSCOPE HANDLE, Disposable                                  | 4               | Ea                 |
| MED      | LARYNGOSCOPE, MAC BLADE (# 2-Disposable)                         | 10              | Ea                 |
| MED      | LARYNGOSCOPE, MAC BLADE (# 3-Disposable)                         | 20              | Ea                 |
| MED      | LARYNGOSCOPE, MAC BLADE (# 4-Disposable)                         | 20              | Ea                 |
| MED      | LARYNGOSCOPE, MILLER BLADE (# 0-Disposable)                      | 10              | Ea                 |
| MED      | LARYNGOSCOPE, MILLER BLADE (# 1-Disposable)                      | 10              | Ea                 |



| Category | Item Description  | Number Required | Unit Of Issue (UI) |
|----------|---|-----------------|--------------------|
| MED      | LARYNGOSCOPE, MILLER BLADE ( # 2-Disposable)              | 10              | Ea                 |
| MED      | LARYNGOSCOPE, MILLER BLADE ( # 3-Disposable)              | 20              | Ea                 |
| MED      | Mask, Aerosol (Nebulizer) (Adult)                         | 50              | Ea                 |
| MED      | Mask, Bag Valve (Ambu Bag) (Adult)                        | 24              | Ea                 |
| MED      | Mask, Bag Valve (Ambu Bag) (Child)                        | 10              | Ea                 |
| MED      | Mask, N95   | 8               | Pkg/50             |
| MED      | Mask, Nasal Cannula, Adult                                | 2               | Case/50            |
| MED      | Mask, Oxygen (Non-Rebreather, Adult )                     | 100             | Ea                 |
| MED      | Mask, Oxygen (Non-Rebreather, Pediatric )                 | 50              | Ea                 |
| MED      | Mask, Surgical Disposable                                 | 6               | Case/50            |
| MED      | Nasopharyngeal Airways, 8.0mm ID, 10.5mm OD (32 Fr)       | 10              | Ea                 |
| MED      | Nasopharyngeal Airways, 6.0mm ID, 8.0mm OD (24 Fr)        | 10              | Ea                 |
| MED      | Needle, Blood Collection 21Ga (Thin Wall) (Vac-U-Tainer)  | 2               | Pkg/50             |
| MED      | Needle, Disposable, 18 G x 1.5"                           | 1               | Pkg/100            |
| MED      | Needle, Disposable, 22 G x 1"                             | 4               | Pkg/100            |
| MED      | Needle, Disposable, 22 G x 1.5"                           | 2               | Pkg/100            |
| MED      | Needle, Disposable, 25 G x 5/8"                           | 1               | Pkg/100            |
| MED      | Needle, Jasmishid: Bone asp. 18g                          | 2               | Ea                 |
| MED      | Obstetrical Kit, Emergency                                | 2               | Ea                 |
| MED      | OTOSCOPE / OPHTHALMOSCOPE                                 | 2               | Ea                 |
| MED      | OXYGEN, H Cylinder  | 2               | Ea                 |
| MED      | OXYGEN, H Cylinder Regulator                              | 2               | Ea                 |
| MED      | Regulator, Case   | 6               | Ea                 |
| MED      | OXYGEN, HOSE, HIGH PRESSURE (20')                         | 1               | Ea                 |
| MED      | OXYGEN, MULTI-OUTLET MANIFOLD KIT                         | 1               | Ea                 |
| MED      | OXYGEN, TUBING (Low Pressure)                             | 4               | Roll/100'          |
| MED      | Tree Type)  | 12              | Ea                 |
| MED      | Type)   | 12              | Ea                 |
| MED      | PACK, DECON (THOMAS)                                      | 2               | Ea                 |
| MED      | Pad, Abdominal, Sterile, 7.5" x 8"                        | 2               | Pkg/144            |
| MED      | Pad, Absorbent, Nursing, Contour Shaped                   | 4               | Pkg/300            |
| MED      | Pad, Cotton, Eye Sterile, Ind.Sealed                      | 2               | Pkg/50             |
| MED      | Pad, Isopropyl Alcohol, 2" x 2", Sterile                  | 20              | Pkg/100            |
| MED      | Pad, Non Adherent, Sterile, 3" x 4"                       | 6               | Pkg/100            |
| MED      | Pad, Non Adherent, Sterile, 3" x 8"                       | 6               | Pkg/50             |
| MED      | Pad, Povidone-Iodide, Sterile 3" x 9"                     | 12              | Pkg/12             |
| MED      | Pad, Sanitary, Super Size                                 | 8               | Pkg/12             |
| MED      | Peak Expiratory Flow Rate Meter (Disposable)              | 4               | Ea                 |
| MED      | Plaster of Paris, Bandage Cast, 4" x 5 Yd, each           | 2               | Box/12             |
| MED      | Pouch, Human Remains, 6-Handle, Center Zipper, 20ml Black | 6               | Ea                 |
| MED      | PULSE OXIMETER w/ADULT SENSOR, CASE                       | 2               | Ea                 |
| MED      | PULSE OXIMETER, PEDIATRIC SENSOR                          | 2               | Ea                 |
| MED      | Razors, BIC, (Disposable)                                 | 2               | Pkg/10             |
| MED      | ROD, IRRIGATING SUPPORT (IV Pole)                         | 20              | Ea                 |
| MED      | Sheet, Bed , White, Dispsable, 60" x 96"                  | 10              | Pkg/25             |
| MED      | Shield, Eye, Plastic, Flesh Color                         | 24              | Ea                 |
| MED      | Shield, Eye Irigation Lens (MT100)                        | 1               | Pkg/12             |
| MED      | SPHYGMOMANOMETER, SET w/THIGH CUFF                        | 2               | Ea                 |
| MED      | SPHYGMOMANOMETER, SET, ADULT w/CASE                       | 12              | Ea                 |
| MED      | SPHYGMOMANOMETER, SET, CHILD w/CASE                       | 2               | Ea                 |
| MED      | SPHYGMOMANOMETER, SET, INFANT w/CASE                      | 2               | Ea                 |
| MED      | Sponge, Gauze Unsterile, 4" x 4"                          | 4               | Bag/200            |
| MED      | Sponge, Laparotomy, Sterile                               | 2               | Case/20x5          |
| MED      | Sponge, Surgical, Gauze, Sterile, IS, 2" x 2"             | 24              | Pkg/100            |
| MED      | Sponge, Surgical, Gauze, Sterile, IS, 4" x 4"             | 24              | Pkg/100            |
| MED      | STETHOSCOPE, COMBINATION (Bell-Flat Diaphragm)            | 12              | Ea                 |
| MED      | Stop Cock, 3-Way  | 10              | Ea                 |
| MED      | Stylete, Intubation (Adult)                               | 10              | Ea                 |
| MED      | Stylete, Intubation (Neo-Natal)                           | 10              | Ea                 |
| MED      | Suction Set, Tracheal, 14', Sterile, Disposable           | 50              | Ea                 |
| MED      | Suction Unit, Battery Operated                            | 2               | Ea                 |
| MED      | Suction Unit, Battery Charger                             | 2               | Ea                 |

| Category | Item Description   | Number Required | Unit Of Issue (UI) |
|----------|--|-----------------|--------------------|
| MED      | Suction Unit, Battery (LifePak-10 Type)                      | 2               | Ea                 |
| MED      | Suction Unit, Portable, Collection Jar                       | 1               | Case/10            |
| MED      | Suction Unit, Portable, Tubing (Sterile) 9/32 ID x 6'        | 1               | Case/50            |
| MED      | Suture, Kit (Laceration Tray)                                | 3               | Case/20            |
| MED      | Suture, Ethilon, Black Monofilament,1,60"                    | 2               | Box/12             |
| MED      | Suture, Ethilon, Black Monofilament,3-0, 18"                 | 2               | Box/36             |
| MED      | Suture, Ethilon, Black Monofilament,4-0, 18"                 | 6               | Box/36             |
| MED      | Suture, Ethilon, Black Monofilament,5-0, 18"                 | 3               | Box/36             |
| MED      | Suture, Ethilon, Black Monofilament,6-0, 18"                 | 3               | Box/36             |
| MED      | Suture, Prolene, Black Monofilament, 0, 30"                  | 1               | Box/36             |
| MED      | Suture, Silk, Black Braided, 0, 6-30"                        | 1               | Box/36             |
| MED      | Suture, Silk, Black Braided, 2-0, 12-18"                     | 1               | Box/36             |
| MED      | Suture, Vicryl, 5-0  | 1               | Box/36             |
| MED      | Suture, Vicryl, Coated, Undyed Braided, 4-0, 27"             | 4               | Box/36             |
| MED      | Syringe, Luer-Lok, Disposable (10 cc)                        | 1               | Pkg/100            |
| MED      | Syringe, Luer-Lok, Disposable, 35 cc                         | 1               | Box/100            |
| MED      | Syringe, Luer-Lok, Disposable, 60 cc                         | 1               | Box/10             |
| MED      | Tip)   | 10              | Box/100            |
| MED      | Syringe/Needle, Disposable, 5cc or 6cc w/20g x 1-1/2" Needle | 1               | Box/100            |
| MED      | Syringe/Needle, Insulin 1cc w/ 28g Needle                    | 1               | Box/100            |
| MED      | Thermometer, (Battery Type), Probe Cover (Disposable)        | 10              | Pkg/200            |
| MED      | THERMOMETER, (BATTERY) w/Probe                               | 2               | Ea                 |
| MED      | Thermometer, Clinical Hypothermia                            | 1               | Pkg/6              |
| MED      | Thermometer, Clinical, Rectal                                | 18              | Ea                 |
| MED      | Tourniquet, Latex Strap, 1" x 18", Disposable                | 1               | Pkg/100            |
| MED      | Towel Pack, Surgical, Sterile, Disposable, 16" x 29"         | 5               | Pkg/35             |
| MED      | Tray, Incision & Drainage                                    | 1               | Pkg/20             |
| MED      | Tube, Blood Collection, Holder (Adult 13ml) (Vac-U-Tainer)   | 0.5             | Pkg/1000           |
| MED      | Tube, Blood Collection, EDTA 7ml Draw (Vac-U-Tainer)         | 1               | Pkg/100            |
| MED      | Tube, Blood Collection, Green Top 7ml Draw (Vac-U-Tainer)    | 1               | Pkg/100            |
| MED      | Tube, Blood Collection, Red Top 7ml Draw (Vac-U-Tainer)      | 2               | Pkg/100            |
| MED      | Tube, Drainage, Surgical, Penrose, 3/8" x 18", Sterile       | 8               | Pkg/25             |
| MED      | Tube, Drainage, Surgical, Thoracle, 28, Fr, Straight         | 1               | Pkg/10             |
| MED      | Tube, Drainage, Surgical, Thoracle, 32, Fr, Rt Angle         | 1               | Pkg/10             |
| MED      | Tube, Endotracheal 2.5 w/o Cuff                              | 10              | Ea                 |
| MED      | Tube, Endotracheal 3.5 w/o Cuff                              | 10              | Ea                 |
| MED      | Tube, Endotracheal 4.5 w/o Cuff                              | 6               | Ea                 |
| MED      | Tube, Endotracheal 5.5 w/o Cuff                              | 10              | Ea                 |
| MED      | Tube, Endotracheal 6.0 w/ Cuff                               | 10              | Ea                 |
| MED      | Tube, Endotracheal 7.0 w/ Cuff                               | 10              | Ea                 |
| MED      | Tube, Endotracheal 7.5 w/ Cuff                               | 20              | Ea                 |
| MED      | Tube, Endotracheal 8.0 w/ Cuff                               | 10              | Ea                 |
| MED      | Tube, Nasal Gastric (NGT), 10 French                         | 10              | Ea                 |
| MED      | Tube, Nasal Gastric (NGT), 16 French                         | 50              | Ea                 |
| MED      | Tubing, IV Extension (30")                                   | 10              | Pkg/50             |
| MED      | Urinal, Male, Disposable                                     | 50              | Ea                 |
| MED      | Valve, Surgical Drain, (Heimlich)                            | 2               | Pkg/10             |
| MED      | Wadding, Cotton Surgical, User Under Casts, 5" x 6 Yd        | 2               | Pkg/12             |
| MED      | Wheelchair, Folding (Adult)                                  | 2               | Ea                 |
| PPE      | Faceshield, Chemical   | 8               | Ea                 |
| PPE      | Glove, Decon, Nitrile (4 mil), Large                         | 2               | Box/100            |
| PPE      | Glove, Decon, Nitrile (4 mil), XL                            | 3               | Pkg/12             |
| PPE      | Glove, Decon, Nitrile (4 mil), X-Large                       | 2               | Box/100            |
| PPE      | Goggles, Chemical  | 32              | Ea                 |
| PPE      | PPE, Chemical Boots (PVC, Black Steel Toe) Size 10           | 4               | Ea                 |
| PPE      | PPE, Chemical Boots (PVC, Black Steel Toe) Size 12           | 4               | Ea                 |
| PPE      | PPE, Chemical Boots (PVC, Black Steel Toe) Size 9            | 4               | Ea                 |
| PPE      | PPE, Chemical, Boots (PVC, Black Steel Toe) Size 14          | 4               | Ea                 |
| PPE      | Respirator, Acid Vapor Filters                               | 8               | Ea                 |
| PPE      | Respirator, Back Pack Harness                                | 4               | Ea                 |
| PPE      | Respirator, Breathe Easy 10 Butyl Hood                       | 4               | Ea                 |
| PPE      | Respirator, Breathe Easy FR57 w/Hepa Cartridges              | 4               | 6pk                |
| PPE      | Respirator, Full Rubber Face Mask                            | 4               | Ea                 |

| Category | Item Description  | Number Required | Unit Of Issue (UI) |
|----------|---|-----------------|--------------------|
| PPE      | Respirator, Hepa Filters  | 8               | Ea                 |
| PPE      | Respirator, Positive Pressure Demand With Voice                 | 4               | Ea                 |
| PPE      | Suit, Level-B, Coveralls w/Hood, Sock Boots, Boot Flaps (X-Lrg) | 2               | Case / 6           |
| PPE      | Suit, Level-B, Coveralls w/Hood, Sock Boots, Boot Flaps (XXX-   | 1               | Case / 6           |
| PPE      | Suit, Saranax Level B, XL, w/Hood & Booties                     | 12              | Ea                 |
| PPE      | Suit, Saranax Level B, XXXL, w/Hood & Booties                   | 4               | Ea                 |
| PPE      | Tape, Chemical  | 4               | Ea                 |
| PPE      | Vest, Cool (Thermalwear II Warm/Cool)                           | 4               | Ea                 |
| RX       | 2 Pam Chloride (1/2 Per Yr) 1G                                  | 24              | Ea                 |
| RX       | Atropine, 0.1mg 30cc Bottle                                     | 2               | Pkg/10             |
| RX       | Atropine, 0.4mg 30cc Bottle                                     | 4               | Pkg/10             |
| *RX      | *Benadryl, 50mg, Inj  | 1               | Pkg/10             |
| *RX      | *Calcium Chloride Inj (Pkg/10)                                  | 5               | Pkg/10             |
| RX       | Cyanide Kits  | 10              | Ea                 |
| *RX      | *Dextrose, 50%, 25g   | 1               | Pkg/10             |
| *RX      | *D5W, IV Solution 500cc   | 4               | Case/24            |
| *RX      | *Dopamine, 400mg, Amp   | 12              | Ea                 |
| RX       | Doxycycline, 100mg  | 250             | Bot/40             |
| *RX      | *Epinephrine 1:10,000, 1mg (Pkg/10)                             | 2               | Pkg/10             |
| *RX      | *Epinephrine 1:1000, 1mg (Pkg/10)                               | 10              | Pkg                |
| *RX      | *Lasix, 20mg, Inj (Furosamide)                                  | 4               | Pkg/12             |
| *RX      | *Lidocaine, 2g Amp  | 1               | Pkg/10             |
| *RX      | *Lidocaine, Bolus, 100mg Pre-Filled Syringe                     | 2               | Pkg/10             |
| *RX      | *Normal Saline, IV Solution 1000cc                              | 20              | Case/12            |
| *RX      | *Sodium Bicarbonate (4.2% Injection) (Pkg/10)                   | 1               | Pkg/10             |
| RX       | Sodium Bicarbonate (8.4% Injection) (Pkg/10)                    | 2               | Pkg/10             |
| *RX      | *Sterile Water (30cc For Injection) (Pkg/25)                    | 1               | Pkg/25             |
| RX       | Tetracaine, (Indiv Packs)                                       | 24              | Ea                 |
| RX       | Valium, 10mg Syringe (Tubex) w/Tubex Holder                     | 5               | Pkg/10             |
| *RX      | *Verapamil, 5mg Inj.  | 1               | Pkg/5              |
|          |   |                 |                    |

## UCS4 UHF CONTROL STATION

- 1.0 GENERAL - This specification describes the requirements for UHF control stations with installation and tone remote controller that will be installed as part of the NCMCN system. The stations with controller will be installed at designated hospitals, laboratories and other locations as directed to provide RF control and communication through the wide area NCMCN mobile relay stations. See diagram UCS4. It is anticipated that additional RF control stations will be required of both VHF and UHF types. These "special use" control stations shall be bid separately on the cost sheets provided.
- 1.1 The control station shall include a UHF radio transmitter and radio receiver, as well as a tone remote control. Generally, two RF control stations will be installed at each control station installation location to provide redundant operational control stations, one for MED-8 and one for MED-10, or as required for specified operation. The stations shall be modular in design and construction to permit flexibility in system design, installation and maintenance.
- 1.2 Each control station system will include "telephone style" tone remote control desktop unit similar to Zetron Model 284 Digital Tone Remote. Each desktop remote control shall have a handset and speaker with volume control. The remote control shall provide operational control of the two radio control stations, one functioning on MED-8 and one functioning on MED-10, or as required for specified operation.
- 1.3 Some control location installations may have two or more parallel tone remote control units operating the same radio control stations. The system design shall account for parallel operation and control including parallel transmit indication.
- 1.4 Each control station shall have a DTMF decoder similar to Zetron H.E.A.R. decoder installed and programmed to a unique five digit decode number. The five digit decode number for each remote control will be as assigned or designated by the state OEMS.
- 1.5 The speaker of the desktop remote control shall remain quiet (muted) unless the unique decode number is received and decoded or the speaker is manually activated (unmuted) by a user. Upon receipt of the appropriate five-digit DTMF number, the remote controller shall "ring" and an audible signal tone shall be sounded to alert the user personnel. The speaker shall become active enabling voice audio presentation of the received radio signal. The function and appearance of the two desktop remote controls shall be identical and as simple in design and operation as possible. The controller system shall be designed for operational use by non-technical persons. A model for the desired functional operation envisioned is a conventional telephone that rings and is answered by a user.
- 1.5.1 The remote control speaker volume or ring shall not be able to be reduced below a pre-set level to ensure calls are not missed.
- 1.6 The DTMF decoder for the desktop remote control shall not automatically reset upon replacement of the handset on the handset cradle. Reset shall be by operation of a clearly labeled manual momentary switch. It shall be possible to activate both the handset earphone and the desktop controller speaker simultaneously so that multiple

persons in the proximity of the remote control can listen to the received audio when desired.

- 1.7 The remote control unit shall have multiple programmable CTCSS frequency selection capability to permit accessing or “steering” to alternate “area NCMCN site” repeaters. CTCSS tone identification shall be as specified by the OEMS and consistent throughout the state. Generally the tone remote control units will have four separate CTCSS tones to steer to the four wide area NCMCN repeaters closest to the control station.
- 1.8 The tone remote control unit shall have a DTMF (Touch-tone™) encoder to transmit DTMF numbers that activate (dial) other control location or hospitals by pressing a sequence of DTMF numbers or encode a series of digits from a preprogrammed list of stored numbers. Operation of the DTMF encoder shall automatically key the associated radio control transmitter without necessity of pressing the “push to talk” switch on the handset.
- 1.9 A series of up to 50 stored alpha-numeric identified DTMF numbers of up to 16-digits shall be stored and transmitted by pressing a “send” button, similar to “cellular telephone” or “telephone redial” operations. This shall enable a user to transmit a series of DTMF tones to activate (call and signal) the remote control at other hospitals or control locations through the wide area repeaters. Consideration for the key-up times and band pass characteristics of the system and transmitters in the system shall be incorporated in the design of the system.
- 1.10 It shall be necessary to remove the handset from the cradle switch to activate the DTMF encoder to prevent accidental keying of the station. The remote control shall not function as a “hands free” device. Removing the handset from the cradle switch shall activate the handset earphone.
- 1.11 DTMF transmission and decoding shall be identical on the MED-8 or MED-10 systems.
- 1.12 DTMF decoder activation of the control station shall be possible by the State EOC through the microwave radio and computer control system. This remote activation shall enable the EOC personnel to activate the remote control decoder and speaker of any hospital or other radio control location by encoding the appropriate five-digit DTMF number code by transmitting through a wide area repeater station.
- 1.13 The EOC shall have the ability to transmit DTMF codes and audio through any of the NCMCN repeaters connected to the computer/microwave network.
- 1.14 Each of the DTMF decoders in the UHF control stations shall be capable of decoding two separate unique DTMF codes. This feature shall enable activation of a single remote control, or activation of an “all call” code to enable alerting multiple decoders with a single transmission.
- 1.15 OPTION – The bidder shall provide the optional cost and propose a voice encryption module and encryption method compatible throughout the NCMCN system. It shall be possible to add voice encryption to the control station by inclusion of appropriate modules after initial installation of system.

2.0 FREQUENCIES

- 2.1 MED 10 Control Station Transmit: 467.950 MHz
- 2.2 MED 10 Control Station Receive: 462.950 MHz
- 2.3 Transmit CTCSS Tone: as required for station geographic location
- 2.4 Receive CTCSS Tone: 173.8 Hz (Tone Z)

- 2.5 MED 8 Control Station Transmit: 468.175 MHz
- 2.6 MED 8 Control Station Receive: 463.175 MHz
- 2.7 Transmit CTCSS Tone: as required for station geographic location
- 2.8 Receive CTCSS Tone: 173.8 Hz (Tone Z)

3.0 DELIVERY ITEMS – Generally a control station system installation will include two RF control radio stations enclosed in a single locking cabinet. Each control station to include:

- 3.1 Locking equipment cabinet to enclose all transmitters, receivers, DTMF decoder panels, power supply and control shelf modules;
- 3.2 Each RF control station will include 25 watt UHF transmitters – 2 per control system installation;
- 3.3 Each control station will include a UHF receiver – 2 per control system installation;
- 3.4 Tone remote controller - a single tone remote control is to be provided unless specific requirement for additional remote controls is specified.
- 3.5 Power supply for all equipment;
- 3.6 All necessary cabling, wiring and connectors;
- 3.7 Multiple frequency programmable remote controlled CTCSS encoder for transmitter;
- 3.8 Service speaker(s) for receivers, with on-off switch and volume control;
- 3.9 CTCSS decoder for receiver;
- 3.10 DTMF decoder with “dual-call” capability to enable un-muting of tone remote control(s) speaker;
- 3.11 Control shelf and all logic, microprocessors, control modules and programming;
- 3.12 Power-line surge protection, in-line RF transmission line lightning protection and grounding of system to a single point ground;
- 3.13 Antenna, transmission line and connectors;
- 3.14 Antenna mounting brackets;

- 3.15 Complete installation and coordination of installation to include remote control wiring when required;
- 3.16 Complete sets of printed operator manual, technical maintenance and repair manuals.
- 3.17 OPTIONAL ITEMS – the bidder shall provide the cost for the following optional purchase items:
  - 3.17.1 Secure Voice encryption communication – for the UHF control radio, the bidder shall provide the optional cost and propose a voice encryption module and encryption method compatible throughout the NCMCN system. It shall be possible to add voice encryption to the UHF control radio system by inclusion of appropriate modules after the initial installation of system. The bidder should provide information on the encryption system proposed and allow for inclusion on either the MED-10 system, the MED-8 system, or both systems. Option costs should include the cost to install the encryption system as part of the initial installation, or at a later date after the initial system has been installed and is operational.
  - 3.17.2 The bidder should include a cost proposal contingency to provide “in house” control wiring if wiring can not be provided by the hospital or facility maintenance department. The contingency cost must include the labor and materials costs to provide the turnkey installation of the control wiring if required. The optional cost should not be included in the control system cost.
- 3.18 For control stations installed at radio tower sites intended for operational remote control of area repeaters from the EOC console or contact of other VHF or UHF systems, the bidder shall omit the tone remote control and DTMF decoders and substitute appropriate NXU-2, computer control router and Ethernet switch modules to operate the RF control station. The costs for the IP networking devices shall be itemized separately in the bid documents to permit deleting of this item from the cost of the system.
- 4.0 RADIO CONSTRUCTION - Radio design shall be modular to allow for easy removal of modules from the front. Like type modules shall be interchangeable without modifications.
- 5.0 RECEIVER
  - 5.1 The receiver shall be synthesized to operate on any one of up to 128 programmable frequencies. Operation shall be provided on channels anywhere within the frequency band of operation without compromise of single frequency specifications.
  - 5.2 RECEIVER SPECIFICATIONS:
    - 5.2.1 Operating Frequency Band: 400 - 520 MHz
    - 5.2.2 Sensitivity 12 dB SINAD: -117 dBm

- |        |  |  |
|--------|--|--|
| 5.2.3  | Channel Spacing:   | 12.5 or 25 kHz programmable by channel |
| 5.2.4  | Selectivity - EIA 2-Signal Method:   | -90 dB                                 |
| 5.2.5  | Inter-modulation:  | -85 dB                                 |
| 5.2.6  | Spurious and Image Rejection:  | -85 dB                                 |
| 5.2.7  | Frequency Spread (full spec):  | 5 MHz                                  |
| 5.2.8  | Frequency Stability (%):   | $\pm 0.00025$                          |
| 5.2.9  | Audio Output:  | +10 dB at 600 $\Omega$                 |
| 5.2.10 | Audio Characteristics:   | within 6 dB per Octave De-emphasis     |
| 6.0    | from 300 to 3000 Hz  |  |
| 6.1.1  | Audio Line Distortion  | 2% max                                 |
| 6.1.2  | RF Input Impedance:  | 50 $\Omega$                            |
| 6.2    | METHOD OF MEASUREMENT - Receiver measurement for compliance with these specifications shall be performed in accordance with methods detailed in applicable EIA Standards.  |  |
| 7.0    | TRANSMITTER  |  |
| 7.1    | The radio transmitter shall be synthesized to allow single or multi-frequency operation as programmed using a PC programming software and cable. The transmitter shall operate on any one of up to 128 frequencies at any frequency within the band split without compromise of single-frequency specifications. |  |
| 8.0    | TRANSMITTER SPECIFICATIONS:  |  |
| 8.1.1  | Operating Frequency Band:  | 400 - 520 MHz                          |
| 8.1.2  | Rated Power Output:  | 25 watt                                |
| 8.1.3  | Duty Cycle:  | 100% continuous                        |
| 8.1.4  | Frequency Stability (%):   | $\pm 0.00025$                          |
| 8.1.5  | Audio Frequency Characteristics curve:   | 300 to 3000 Hz per EIA                 |
| 8.1.6  | Audio Distortion (@ 1000 Hz 60% rated Dev.):   | <3%                                    |
| 8.1.7  | Conducted Spurious and Harmonic Emission:  | -80 dBm                                |
| 8.1.8  | FM Hum and Noise (12.5 kHz):   | -55 dB (wide)/-50 dB (narrow)          |
| 8.1.9  | Frequency Separation:  | 20 MHz                                 |
| 9.0    | METHOD OF MEASUREMENT - Transmitter measurement for compliance with these specifications shall be performed in accordance with methods detailed in EIA Standards RS-152-C.   |  |



10.0 STANDARD FEATURES

10.1 SUB-AUDIBLE TONE/CODE SQUELCH - The radio set shall include a tone and code generator which modulates the transmitter in accordance with EIA Standards RS-220 requirements. Nominal tone/code modulation shall be +0.75 kHz deviation with a tolerance of +0.25 kHz. Either a tone or a digital code may be programmed on any of the radio channels. Standard EIA tones in the range 67.0 to 210.7 Hz or 83 standard digital (DCSS) codes shall be programmable.

10.2 PROGRAMMABLE CHANNEL SPACING - The radios shall be capable of 12.5 and 25 kHz channel spacing programmable by channel.

11.0 ENVIRONMENTAL

11.1 Operating Temperature Range: -30°C to + 60°C  
11.2 Relative Humidity: 95% at +50°C

12.0 TONE DESKTOP REMOTE CONTROL – The system shall be delivered and installed with a tone remote control with the following programmable features: Guard tone frequency and notch filter; adjustable function tone duration; 15 function frequencies; monitor frequency; 9 programmable keys with LED to indicate status.

12.1 Handset with push-to-talk (PTT) switch;

12.2 Built-in speaker with volume control;

12.3 2-line adjustable programmable Liquid Crystal Display;

12.4 16 Digit DTMF keypad and DTMF encoder, programmable for function and duration

12.5 Transmit indicator;

12.6 8 programmable function keys;

12.7 120 VAC operation installed to function on emergency power if available

12.8 Custom labeled panel switches

12.9 Tone remote control of up to four base stations (two operational when installed)

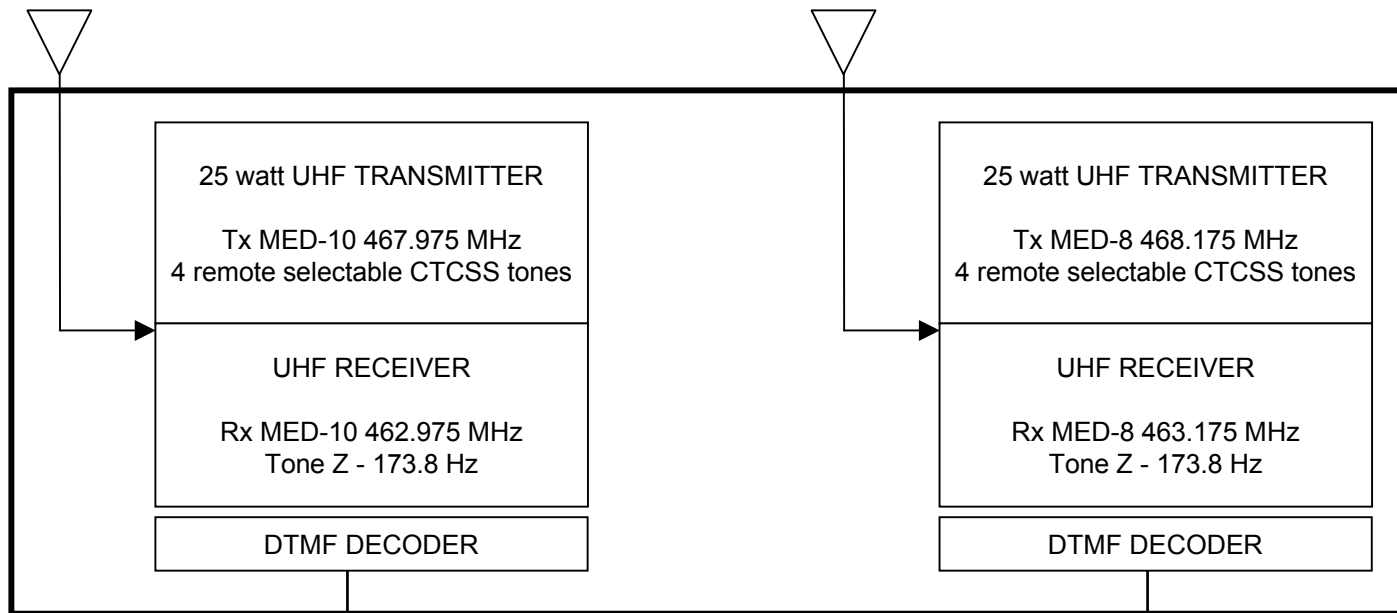
12.10 Alphanumeric display of channel names

12.11 DTMF encoder with page by name database with up to 50 preprogrammed functions

12.12 Operator instruction manual;

12.13 Technical maintenance and repair manual.

13.0 ANTENNA - The antenna provided for the unit shall consist of a 3-dB gain omni directional antenna. Two antennas per control station system required.



Multi-function Tone  
Remote Control



Note: Some installation locations may have  
multiple parallel controls or dual receivers

**TWO RADIO CONTROL STATION**  
(some hospitals have dual receive installation)  
**UCS4- DUAL STATION**

## APPENDIX E

### **Community Task Force for Response to Mental Health in Disasters Charter**

#### **PURPOSE/TASK:**

To develop a disaster response plan, defining a coordination of interventions for the mental health needs within the community.

- ◆ Pre-disaster
- ◆ Short (0-48 hours)
- ◆ Intermediate (48 hours-2 weeks)
- ◆ Extended (>2 weeks)

#### **DELIVERABLES:**

- ◆ Pre-disaster
  - ◆ Spiritual Care Volunteer List
  - ◆ House of Worship Contact Information
  - ◆ Agencies – need to review internal policies re: mental health response plan
  - ◆ Pre-established media announcements
  - ◆ Designated mental health spokesperson for county's Joint Communications Center
  - ◆ List of mental health resources, both internal and external to community
  - ◆ Establish letters of agreements between agencies
  - ◆ Establish credentialing policies, where applicable
  - ◆ Establish criteria for mental health / spiritual care teams
  - ◆ Code of Ethics for mental health workers and spiritual care workers
  - ◆ Draft of Public Service Announcements / Talking Points for all phases
  - ◆ Establish levels of casualties
  - ◆ Interpreter's List
  - ◆ Develop list of agency resources for all types of needs (shelters, food, clothing, funding, family coordination)
  - ◆ Establish site for Mental Health Crisis Hotline – install telephone drops
  - ◆ Establish mental health provider list
  - ◆ Establish task force agency emergency contact list
  - ◆ Emergency Management – mental health component to plans
  - ◆ Determine plan for research baseline
- ◆ Short Term (0-48 hours)
  - ◆ Activation Contact Lists
  - ◆ Sites: event site, hospital, CISM for first responders, support site(s), community at large
  - ◆ List of resources that can be committed for event
  - ◆ Spiritual care contacts – reporting system
  - ◆ Mental health workers – reporting system
  - ◆ CISM teams for first responders
  - ◆ Activation of Mental Health Crisis Hotline
- ◆ Intermediate (48 hours – 2 weeks)

## APPENDIX E

- ◆ Assessment of status
  - ◆ List of community health resources
  - ◆ Utilize mental health provider list
  - ◆ Central clearinghouse for mental health / spiritual care providers that arrive from the external community
  - ◆ CISM teams for CISM team debriefings
  - ◆ Public Service Announcements
- 
- ◆ Extended (>2 weeks)
    - ◆ Mental Health Crisis Hotline
    - ◆ Referral resources
    - ◆ Identification of dollars for those in need of extended mental health care

### MEASURE OF SUCCESS:

- ◆ Completion of deliverables
- ◆ Evaluation of research

### GROUND RULES:

- ◆ Start and end on time
- ◆ Keep on track
- ◆ Send a representative if member cannot attend
- ◆ Expectation of 80% compliance with attendance

### TIMELINES:

- ◆ Completion of pre event deliverables by Spring of 2003

### CRITERIA FOR MEMBERSHIP:

- ◆ Mission of agency is service delivery
- ◆ Provides mental health services
- ◆ Diversity of task force

### MEMBERSHIP:\*

Facilitator:

#### Current Members

Regional Advisory Committee Representative(s)  
Developmental Disabilities Representative(s)  
University / Community College Representative(s)  
Citizen Representative(s)  
Local Management Entity (Area Mental Health) Representative(s)  
CISM Representative(s)  
Private Mental Health Services Representative(s)  
School System Representative(s)  
Hospital-Based Mental Health Representative(s)  
Clergy / Ministerial Representative(s)  
Emergency Management Representative(s)  
EMS Representative(s)

\* Additional members may be added after communication to community of task force initiative.

## **Appendix F**

### **Recommendations for Expenditures**

#### **Critical Benchmark 2-2 Isolation Capacity**

- Mobile Isolation Units
- Portable HVAC units
- HEPA Filters

- Internal Construction for Isolation Rooms
- Adult/Pediatric/Neonate Vents

- Equipping Negative pressure room with back up power
- Generator

#### **Critical Benchmark 2-6 Personal Protective Equipment**

- N-95 Masks
- Level B Bio Suits
- Level C Bio Suits

- PAPRS
- SCBA

#### **Critical Benchmark 2-7 Decontamination Systems**

- Decontamination tent
- Mixing Valves
- Showers
- Mark 1 Kits
- Valium

- Interior construction of existing decon
- Heating Unit
- Generator
- Patient Litters
- Patient Conveyor

- Spice Charts

## Critical Benchmark 2-10 Communications

- UHF Hospital Control Station
- UHF PSAP Control Station

## Critical Benchmark 2-5 Pharmaceutical Caches

- Atropine
- Cipro

- Valium
- Doxycycline

- Tetracycline

## Critical Benchmark 5 Education

- Chemical
- Biological
- Radiological
- Nuclear

- ICS/HEICS
- CISM
- Decontamination
- WMD

- Lodging, meals and travel for approved training opportunities. State per diem rates must be observed.

# **NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES**

## **HOSPITAL SAMPLE PROPOSAL FORMAT**

**HOSPITAL NAME:** Lake James Regional Hospital  
**ADDRESS:** 991 So. 5<sup>th</sup> St.  
Constance, NC 29987  
**PHONE:** (832) 278-9981  
**HOSPITAL TYPE IDENTIFIED:** (A) HOSPITAL   X   OR (B) HOSPITAL \_\_\_\_  
**DATE SUBMITTED:** November 2, 2003  
**PROJECT COORDINATOR:** Sam Sung  
**TITLE:** Safety Officer  
**PHONE:** (832) 278-9987  
**CELL:** (832) 230-3452  
**EMAIL:** [sam.sung@lakejames.org](mailto:sam.sung@lakejames.org)

**NORTH Carolina BIOTERRORISM HOSPITAL NEEDS ASSESSMENT COMPLETED:**  
Yes   X   No \_\_\_\_\_ Unknown \_\_\_\_\_

**TOTAL GRANT AWARD ANTICIPATED:**           \$59437          

### **PROJECT DESCRIPTION:**

Provide a narrative description of the proposed project(s). The scope of the project design should flow logically from the documentation required in **Section I** of the checklist for both A and B Hospitals, followed by the projects for funding consideration identified by the HRSA Critical Benchmarks and priority areas of **Section II** of the checklist.

### **SECTION I: REQUIRED BY BOTH A and B HOSPITALS**

#### **Critical Benchmark 2-1: Hospital Bed Capacity**

##### **Objective 2-1a Bioterrorism Plan**

Lake James Regional Hospital has a comprehensive hospital disaster plan in place that covers acts of terrorism, chemical, radiological and nuclear incidents. A copy is located in the Safety Office as well as other locations. The Safety Office is located on second floor east tower. Our disaster plan is available for review by OEMS on site. Please call the Safety Officer to arrange for any site visits prior to coming so that we will have the staff available to assist you.

### **Objective 2-1b Secondary Triage sites**

No secondary triage site has been formalized to date. The hospital board is working with a local School Board to secure the old elementary school across the street from our hospital as a secondary triage site to be used only in a disaster situation. We are also working with the local utility company and Phone Company to provide power, water and phones to this building site within 6 hours following an emergency. The hospital will arrange for a back-up generator to be available.

We also plan to coordinate this activity and site with the EM Director and local EMS service to assist us with providing trained and certified EMS personnel to staff the triage site along with our staff.

We will provide a report on this activity and a copy of the signed agreement once it has all been formalized. It will be addressed in the quarterly report to OEMS when complete.

### **Objective 2-1c Identify all agencies with which mutual aid agreements have been signed for the purpose of increasing bed capacity.**

Mutual Aid agreements have been signed with the following agencies for the purpose of downsizing our hospital and moving stable patients to other health care facilities within a three block radius. By relocating stable patients to outside facilities, we will be able to increase bed capacity a disaster. No further agreements are planned at this time. We will also cooperate with the Western RAC Disaster Committee on the use of the SMAT III trailer if needed. A sample of one of our agreements is enclosed for your review.

Outside long term care and assisted living facilities with which mutual aid agreements have been signed include:

Gyger Assisted Living  
Fellowship Nursing Home  
Sisters Nursing Home  
Holli's Special Care Facility  
Pratt Assisted Living

## **Critical Benchmark 2-3: Response Plan to Increase Surge Capacity**

### **Objective 2-3a Deployment of extra medical personnel and SMAT II and III.**

Lake James does not have enough staff to commit medical personnel at this time to the SMAT II and III Teams or to release staff to other facilities during an emergency. Our hospital Board is looking at the possibility of signing a contract with Interim Staffing Core to provide extra medical staff such as RN's, lab technicians, and physicians to our hospital during a disaster. If a contract can be reached, we would hire temporary medical staff to staff our general medical floors, relocate our floor staff to the ED and other areas in our facility to allow at least 2 RN's to



participate on the SMAT II team for up to one week, not to exceed 7 days away from this facility. Other staffing patterns are not workable at this time.

A plan will be submitted by the end of the third quarter of this grant to address participation in the SMAT II regional program along with staffing that will be provided.

### **Objective 2-3b Affiliation with Regional RAC Disaster Preparedness Committee**

Lake James is affiliated with the Mountain Area RAC Disaster Subcommittee only. We have attended two of the four meetings scheduled for 2003.

### **Critical Benchmark 2-4: Credentialing of Clinicians**

#### **Objective 2-4a Credentialing and supervision of personnel not normally working in the facility.**

Lake James has incorporated a section in the Hospital Disaster Plan to credential clinical personnel not affiliated with this facility during disasters. A member of the hospital **Personnel Office** staff has been designated in our disaster plan to check credentials of outside professionals arriving at our facility and agreeing to work. This section of our disaster plan is available to your staff for inspection and review.

The ED Director is responsible for supervision of outside staff assignments within the hospital and this too is addressed in the Hospital Disaster Plan.

### **Critical Benchmark 3: Mutual Aid Plan for upgrading and deploying EMS assistance from outside the immediate area to hospitals in disaster situations.**

#### **Objective 3a Mutual Aid Plan for EMS assistance outside the normal coverage area.**

We have signed Mutual Aid agreements with the EMS Systems from the three surrounding counties of Douglas, Taylor and Nemaha counties to provide at least one staffed ambulance with at least 1 EMT and 1 Paramedic to report to our ED within 2 hours of notification of an emergency situation or mass casualty situation. Our agreement covers fires, emergency evacuation of patients, medical staffing assistance in the ED, transfer of patients to local skilled nursing facilities, other hospitals. Copies of these signed agreements are available for your review in the Safety Office. These have been incorporated with the Hospital Disaster Plan with copies provided to the Mountain Area RAC, Disaster Coordinator.

### **Critical Benchmark 4-2: Surveillance and Patient Tracking**

#### **Objective 4-2a Plan for participating in the Surveillance and Patient Tracking System**

We do not understand our role in this benchmark and we do not know what information will be required in the North Carolina Hospital Status System. We have a current agreement with the

VA to receive patients during an NDMS situation and we provide information on bed status in five critical care areas when called to do so.

We request assistance and additional information on this section, prior to our enrollment and participation. We provide NDMS information from the ED; however, we will need a new computer when we enroll. If funds are available, we may want to purchase a computer during this grant cycle if we can meet all of the other priority areas.

## **Critical Benchmark 6 Terrorism Preparedness Exercises**

### **Objective 6a Participation in at least one Bioterrorism Exercise during FFY 2003**

Lake James has participated in one Bioterrorism Drill during the past year, and will participate in another one this year. The County Emergency Management Director works very close with the hospital in planning and involving our Safety Director. We are also planning to participate in the State Public Health Exercise in November including using the National Pharmaceutical Stockpile and a bioterrorism related agent.

We will provide a report on our participation during the quarter following the exercise as to how we participated.

## **SECTION II: PRIORITY ITEMS FOR FUNDING**

### **Critical Benchmark 2.2 Isolation Capacity**

#### **Objective 2-2a HA Group A Hospitals capability to provide isolation for 10 adult and/or pediatric patients.**

We have signed an agreement with Mission St Joseph's Hospital to assist our facility in isolation cooperation and participation in the Regional approach to address isolation of multiple patients that exceed our capability.

We have designated one room in our ED that is a separate room, and capable of treating and isolating 2 patients separate and apart from other ED rooms and floors prior to being moved to a more appropriate room or hospital. Currently this room does not meet CDC nor OSHA requirements. Renovations will be completed to retrofit this room to meet all requirements for a negative pressure isolation room. At this time, ventilation is provided through the regular ventilation system into the room with return air going back through other ED rooms. It is our intention to renovate this room to comply with exhausting of air through HEPA filtration to the outside.

During this grant cycle, we plan to perform **renovations** on this room to include: exhausting return air directly to the outside through a HEPA filtration system to the outside of the building. The room is on an external wall of the ED and provides an adequate and safe exhaust area

exterior to the hospital. All renovations will comply with CDC and OSHA requirements for isolation rooms. Renovations are expected to cost **\$23,400** with our engineers performing the renovations.

In addition to the renovations on this room, we **plan to purchase a free standing HEPA-CARE HC800F Free Standing /Portable HEPA Filtration System** with all accessories from HEPA-CARE. The HC800F is the most versatile HEPA-CARE model, with numerous applications for the healthcare facility. It can be used as a portable system for the movement from room to room as needed. It can be removed from its cart for operation as a fixed device. This item may be reviewed on the web at: [www.abatement.com/healthcare/pcfaq.htm](http://www.abatement.com/healthcare/pcfaq.htm). Anticipated shipping time for this item is two to five days. **The cost of this item with all accessories is provided to us as a promotional for NC Hospitals at \$2,965.50 with all accessories and free shipping.**

It can be utilized in any of three operating modes: negative pressure, recirculation, or combination negative pressure and recirculation, or combination negative pressure and recirculation (simultaneous exhaust of 50% of the filtered air and recirculation of the other 50%)

The HC800F is designed to quickly convert a standard patient room to a negative pressure isolation room. It can be rolled into a ED room such as the one described in our ED, or taken to ICU, or radiology suite when treating a known or suspected infectious patient. It can also be used as a recirculation device in outpatient clinic.

**Total cost for these two projects are: \$26365.50** (Please refer detailed budget narrative for project details).

**Objective 2-2a HB Group B Group A Hospitals capability to provide isolation for 10 adult and/or pediatric patients.**

We are a Group A hospital.

**Critical Benchmark 2-6 PPE for 250 people/1,000,000 Population in Urban and 125 in Rural.**

**Objective 2-6aHA Capability to provide appropriate PPE for population served.**

We serve a population of 63,332 and have approximately 26,600 ED visits per year. Based on our population, we have sufficient Level B and C PPE for 67 of our staff. We do plan to purchase **(2) 3M Breathe Easy PAPR's with purifiers** for our lab staff at a cost of **\$795.00 for the hood and \$ 95.00 each for (2) battery chargers from Respiratory Equipment**. The 3M butyl rubber hood system reduces weight without compromising protection. The air purifying respirator (PAPR) provides protection and mobility.

**Total cost to meet this objective is: \$ 1,780.00.** (See details of items to be purchased in budget narrative).

**Objective 2-6aHB (H=hospital) (B=hospital category) Capability to provide appropriate PPE for population served.**

We are a category A hospital.

**Critical Benchmark 2-7 Portable or fixed Decontamination Systems**

**Objective 2-7a HA Capability to decontaminate 5 non-ambulatory and 15 ambulatory patients an hour with staffing available.**

Our hospital **does not** have any decontamination capability at this time. With a population of 65,332, we plan to purchase a small 2 Line TVI portable decontamination system including accessories.

We have a team already trained in decon and plan to request additional training from the provider of our TVI system to be purchased under this grant. We have a signed agreement with the county EMS system to provide 1 paramedic and 1 EMT to our site trained in decontamination and available within 2 hours. Our hospital has trained 2 RN's, 1 respiratory tech and 1 MD to participate on this team. Other staff will receive training during next fiscal year or when the training is offered free of charge by other hospitals or EM.

The 2 line TVI System will serve as our means of decontaminating 15 ambulatory and 5 non-ambulatory patients per hour. We will also have available locally, the SMAT III team and trailer from the EMS System as well as a back-up, the SMAT II Team and Trailer from the RAC if the disaster is on a large scale and exceeds our capabilities.

The TVI system will have a self-contained decon design that ensures state-of-the-art performance and speed of deployment. The exterior frame and supporting interior fabric isolates contaminants and expedites post use clean up.

Dimensions of the 2 Line system is 8'W X 20' L 8-20-1 with 20 body sprays integral to shelter and 4 hand sprayers on integral shower booms. Components include: diesel flash water heater w/solution injector, catch basin, 2 18"W X 10'L articulating litter conveyors, 6 floor risers for full basin coverage, 2 transfer boards with guides, 4 ergonomic overhead hand sprayers, 2 20' hoses and garden hose adapters, maintenance kit, shower, PVDF, waste water pump 18gpm, storage bags, repair kits, anchor kit, 2 florescent water resistant hardened light fixtures and flash hot water heater, 340,000 btu, model SF-12 (WH-340-1-1).

**Total cost of this TVI system is: \$**

We will also purchase 100 personal patient belonging kits at a cost of \$            each.

**Total cost for this portion of the project is: \$**

**Grand total for this project is: \$**

**Objective 2-7b HA Capability to provide antidotes for nerve agents for 25 people.**

We need further clarification on this. Please contact me.

**Objective 2-7a HB Capability to decontaminate 15 non-ambulatory and 50 ambulatory patients an hour 24/7 with staffing available.**

We are a category A hospital.

**Objective 2-7b HB Capability to provide antidotes for nerve agents for 50 people.**

We are a category A hospital.

**Critical Benchmark 2-10 Establish and ensures redundant communications between health care facilities, state, and local health departments during terrorist attack.**

**Objective 2-10a HA Compatible state-wide radio communications.**

We do not have sufficient funds to address this issue, although we may need an upgrade in the future. We do have UHF med radio and the VHF 155.340 capability in our ED.

**Objective 2-10a HA Compatible state-wide radio communications.**

We are a category A hospital.

**SAMPLE  
IMPLEMENTATION SCHEDULE FFY 2003-3004 GRANT  
FOR HOSPITAL**

**HOSPITAL NAME:** Lake James Regional  
**DATE SUBMITTED:** 11-03-03  
**PERSON SUBMITTING TIMELINE:** Sam Sung  
**TITLE:** Safety Officer  
**ADDRESS:**  
**PHONE:** (832) 278-9987  
**EMAIL:** sam.sung@lakejames.org

**SPECIFY:** Initial Submission ☒ X  
 Quarterly Report: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐  
 Final Report ☐

| CBM<br>Objective #             | Goals followed by<br>Measureable Objectives:   | Expected<br>Completion Date | Actual<br>Completion Date | Individual Assigned<br>to Complete Task |
|--------------------------------|--|-----------------------------|---------------------------|---|
| <b>CBM 2-7</b> Decontamination | To purchase two lane decontamination equipment capable of decontaminating 5 non-ambulatory and 15 ambulatory patients within (1) hour. | 1/15/2004                   |                           | Sam Sung, SO                            |
| <b>Objective 7a HA</b>         | To purchase 300 ID-Con kits to store patient belongings and personal items.  | 1/15/2004                   |                           | Sam Sung, SO                            |
| <b>Objective 7a HA</b>         | To train 15 staff to provide decontamination for a period of 6 hours with rotation of existing staff already trained.                  | 1/30/2004                   |                           | Sam Sung, SO and<br>TVI Corporation     |

**SAMPLE  
OEMS/HRSA BIOTERRORISM HOSPITAL  
COMPOSITE BUDGET**

**Hospital Name:** Lake James Regional  
**DATE:** 11/0403  
**Individual Completing Budget:** Susan Beatty  
**Title:** Finanacial Analyst  
**Phone #:** (832) 278-9981  
**Email:** susan.beatty@lakejames.org

|  |          | Approved Budget |               |             | Expenditures to Date |             |             |             |              |             |          |             |             |
|--|----------|-----------------|---------------|-------------|----------------------|-------------|-------------|-------------|--------------|-------------|----------|-------------|-------------|
| Item                                   | Quantity | Critical BM #   | Cost per item | Total       | 1st Qtr.Exp          | Balance     | 2nd Qtr.Exp | Balance     | 3rd Qtr.Exp. | Balance     | 4th Qtr. | Balance     | Final       |
| Proposed Budget                        |          |                 |               | \$59,437.00 |                      |             |             |             |              |             |          |             | \$50,437.00 |
| Renovations (specify)                  |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
| ED renovations of isolation room in ED | 1        | 2.2             | \$23,400.00   | \$23,400.00 |                      | \$23,400.00 |             | \$23,400.00 |              | \$23,400.00 |          | \$23,400.00 | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| Equipment (specify)                    |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
| Portable filtration system             | 1        | 2.2             | \$2,965.00    | \$2,965.00  |                      | \$2,965.00  |             | \$2,965.00  |              | \$2,965.00  |          | \$2,965.00  | \$0.00      |
| ID-Con Kits for patient decon          | 300      | 2.7             | \$14.98       | \$4,494.00  |                      | \$4,494.00  |             | \$4,494.00  |              | \$4,494.00  |          | \$4,494.00  | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| PPE                                    |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
| PAPR's for Lab                         | 2        | 2.6             | \$795.00      | \$1,590.00  |                      | \$1,590.00  |             | \$1,590.00  |              | \$1,590.00  |          | \$1,590.00  | \$0.00      |
| Battery Chargers for PAPR's            | 2        | 2.6             | \$95.00       | \$190.00    |                      | \$190.00    |             | \$190.00    |              | \$190.00    |          | \$190.00    | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| Decontamination                        |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
| TVI Decon tent/accessories             | 1        | 2.7             | \$26,798.00   | \$26,798.00 |                      | \$26,798.00 |             | \$26,798.00 |              | \$26,798.00 |          | \$26,798.00 | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| Training (specify)                     |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| Communications                         |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| Other (Specify)                        |          |                 |               |             |                      |             |             |             |              |             |          |             |             |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
|  |          |                 |               | \$0.00      |                      | \$0.00      |             | \$0.00      |              | \$0.00      |          | \$0.00      | \$0.00      |
| TOTAL                                  |          |                 |               | \$59,437.00 | \$0.00               | \$59,437.00 | \$0.00      | \$59,437.00 | \$0.00       | \$59,437.00 | \$0.00   | \$59,437.00 | \$0.00      |

**SAMPLE  
HOSPITAL DETAILED BUDGET NARRATIVE**

**Critical Benchmark 2-7: Decontamination Systems**

*Ensure that adequate portable or fixed decontamination systems exist for managing 500 adult and pediatric patients and health care workers per 1,000,000 population, who have been exposed to biological, chemical or radiological agents.*

**Objective 2-7a HA Capability to decontaminate 5 non-ambulatory and 15 ambulatory patients an hour with staffing available.**

**Decontamination - \$ 31,292.00**

In an effort to enhance the readiness of Lake James Regional Hospital to decontaminate a minimum of 5 non-ambulatory and 15 ambulatory casualties within one hour following a disaster where decontamination is necessary, we plan to purchase a decontamination system and patient ID bags for belongings that is compatible with the SMAT II and III trailers and equipment. This investment will be made toward upgrading and purchasing the necessary supplies, and equipment for a mobile or portable decontamination facility that can be set up and activated immediately. The patient bag includes bags for personal belongings and contaminated clothing and provides for necessary towels, and clean garments.

**The following items will be purchased as a package from the TVI Corporation in order to coordinate with similar decontamination packages purchased for the SMAT II's, III's and SORT.**

**(Provide itemized and detailed list of specifications and each item along with projected cost of each item if purchased separately for each objective).**

|       |  |            |
|-------|--|------------|
| (1)   | TVI Decon shelter 8' W x 19 ½' L 145 lbs. model # 19-065-287 | \$ 8995.00 |
| (1)   | Litter Conveyor Table 8' L x 19"W X 30" H model # 19-065—290 | \$ 895.00  |
| (300) | ID-Con Kits for patient decon                                | \$ 4494.00 |

ETC.